

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

NOV 13 1934

37480

1. PLACE OF DEATH

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1003**  
City **St. Louis** (No. **5018**, **Beacon Ave.** St. .... Ward)

File No. **9924**  
Registered No. ....

2. FULL NAME **Anna Laura Ragsdale**

(a) Residence, No. **5018 Beacon Ave.** St. **7** Ward. ....  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <b>Female</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Widowed</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>William Ragsdale</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>April 24th, 1855</b>		
7. AGE YEARS <b>79</b>	MONTHS <b>5</b>	DAYS <b>14</b>
If LESS than 1 day, ..... hrs. or ..... min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>Home</b>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
	10. Date deceased last worked at this occupation (month and year).....
11. Total time (years) spent in this occupation.....	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**

13. NAME **Elisha Tucker**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **N. Carolina**

15. MAIDEN NAME **Laura Harris**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Virginia**

17. INFORMANT (ADDRESS) **Laura Rudy 5018 Beacon Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Valhalla Cem.** DATE **Oct. 10th 1934**

19. UNDERTAKER (ADDRESS) **Brehmann Varal 1905 Union Blvd.**

20. FILED **Oct 10 1934** **J. F. Bredenk** Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct. 8th, 1934**

22. I HEREBY CERTIFY, That I attended deceased from **9/8**, 19**34**, to **10/8**, 19**34**

I last saw her alive on **10/8**, 19**34** Death is said to have occurred on the date stated above, at **3:40 P.M.**

The principal cause of death and related causes of importance were as follows:

**Angina Pectoris** Date of onset **7/9/34**

**94A**

**95B**

**94a**

Other contributory causes of importance: **Cor. dis. Asthma**

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?..... Date of injury....., 19.....  
Where did injury occur?..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.  
Manner of injury.....  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....  
If so, specify.....  
(Signed) **Frank J. Down** M. D.  
(Address) **6310 W. Flourissant**

NA 17212

6310 W. Edinburg