

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

DEC 14 1934

38448

1. PLACE OF DEATH

County Barton Registration District No. 40
 Township _____ Primary Registration District No. 4024
 City Ramar (No. _____) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ 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 J 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-6-34
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ____ hrs. or ____ min. 4

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
 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) Ramar Mo

MOTHER / FATHER 13. NAME C. C. Myers

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hickory Co. Mo

15. MAIDEN NAME Jennie Brusher

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stehio Mo

17. INFORMANT (ADDRESS) C. C. Myers Ramar, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Brusher Cem DATE 11-7 1934

19. UNDERTAKER (ADDRESS) P. J. Korman Ramar Mo

20. FILED Dec. 1 1934 A. J. Myratt Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-6, 1934

22. I HEREBY CERTIFY, That I attended deceased from 11-6-1934 to 11-6-1934
 I last saw him alive on 11-6-1934. Death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:
Premature Birth Date of onset _____
159 8 months
159
 Other contributory causes of importance: _____

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) W. G. Applewell, M. D.
 (Address) Ramar Mo

