

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.

APR 24 1935

10221

1. PLACE OF DEATH

County Putnam Registration District No. 718  
Township Unionville Primary Registration District No. 6430  
City Unionville No. St. Ward)

2. FULL NAME

Joanna Ranes  
(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James Ranes

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 2 - 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
75 10 21

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

10. Date deceased last worked at this occupation (month and year) Dec. 1934 11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) Putnam Co (STATE OR COUNTRY) Mo

13. NAME Jonathan Valentine

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mont Cross

15. MAIDEN NAME Nancy Geffey

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT A. M. Ranes (ADDRESS) Unionville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Unionville DATE Mar 24 1935

19. UNDERTAKER Croustach Murre Co (ADDRESS) Unionville Mo

20. FILED March 25 1935 N. W. Gillman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 23 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 29 1929 to March 23 1935  
I last saw her alive on March 18 1935 Death is said to have occurred on the date stated above, at 2:30 p.m.

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

Chronic Interstitial Nephritis Date of onset 1920  
General Arterio Sclerosis and Cerebral degeneration

Other contributory causes of importance: Name of operation None Date of What test confirmed diagnosis? Aut. Lab. 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 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? No If so, specify (Signed) Phyllis E. Cobb, M. D. (Address) Unionville Mo

