

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.

12957

MAY 24 1935

1. PLACE OF DEATH

County JACKSON Registration District No. 220 File No. _____
Township RAW Primary Registration District No. _____ Registered No. _____
City KANSAS CITY (No. 3605-SUMMIT & 3RD BLVD NORTH St. 1659 Ward) _____

2. FULL NAME JOSEPH E. RATTY

(a) Residence, No. 3605-SUMMIT St., _____ Ward. _____
(Usual place of abode) _____ (If nonresident, give city or town and State) _____
Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 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 MRS. CAROLINE RATTY

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JUNE-27-1859

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
75 9 19

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. FARMER
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. KANKAKEE, ILLINOIS
10. Date deceased last worked at this occupation (month and year) 1931 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) CANADA

13. NAME UNKNOWN RATTY

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

15. MAIDEN NAME UNKNOWN

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

17. INFORMANT MRS. CAROLINE RATTY
(ADDRESS) 3605-SUMMIT ST.

18. BURIAL, CREMATION, OR REMOVAL PLACE CALVARY DATE APRIL 18 1935

19. UNDERTAKER D. W. NEW COMERS SONS
(ADDRESS) KANSAS CITY, MISSOURI

20. FILED 4-17 1935 M. M. Crowe, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) APRIL 16 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept. 14 1934 to April 16 1935
I last saw him alive on April 16 1935 Death is said to have occurred on the date stated above, at 2:25 P.m.

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

Causes of death: Causes of liver
Other contributory causes of importance: Myocarditis
Name of operation none 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? no 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) E. E. EDWARDS, M. D.
(Address) 1405 Waldhurn Bldg.

405 Waldheim Bldg
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