

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

Do not use this space.

JUL 22 1935

19644

1. PLACE OF DEATH

County Jackson Registration District No. 1002
Township Keosau Primary Registration District No. 1833 Spruce
City Kansas City (No. 1833 Spruce St. 1833 Spruce Ward)

File No. _____
Registered No. 2075 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1833 Spruce St. Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 1, 1935

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary A Ramsey

22. I HEREBY CERTIFY That I attended deceased from May 29, 1935 to June 1, 1935

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 9

I last saw her alive on June 1, 1935 Death is said to have occurred on the date stated above, at 8:15 m.

7. AGE YEARS 49 MONTHS 7 DAYS 21 If LESS than 1 day, _____ hrs. or _____ min.

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

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

Date of onset 3/28

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. W. B. Young Plumbing

Double Lobar Pneumonia

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 25

Other contributory causes of importance: _____

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

13. NAME Alonzo Ramsey

Name of operation _____ Date of _____

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

What test confirmed diagnosis? none Was there an autopsy? _____

15. MAIDEN NAME Alice Taylor

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

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

Where did injury occur? _____ (Specify city or town, county, and State)

17. INFORMANT (ADDRESS) Mrs Mary A Ramsey
1833 Spruce

Specify whether injury occurred in industry, in home, or in public place. _____

18. BURIAL, CREMATION, OR REMOVAL PLACE New Park DATE 6. 3. 35

Manner of injury _____

19. UNDERTAKER (ADDRESS) Newsewcomer
211 E 9th

Nature of injury _____

20. FILED 6-3 1935 M. M. Crowe, act Registrar.

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify A. B. Bremer M.D.
(Signed) _____

(Address) 402 W. Main St.

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.

44-998

As a result of the
will case Dr-P
a m to begin
a certificate.