

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

Do not use this space.

20072

1. PLACE OF DEATH

County Jasper Registration District No. 405
Township _____ Primary Registration District No. 3020
City Carthage (No. _____) St. _____ Ward _____

2. FULL NAME

Wm Ramey Kingsbury
(a) Residence, No. 1015 S. Lyon St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 36 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 Odellia Kingsbury

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 11, 1846

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
88 8 12

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

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) Unknown
Indiana

13. NAME Geo Kingsbury

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

15. MAIDEN NAME Ramey

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

17. INFORMANT (ADDRESS) Mrs. A. R. Kingsbury
1015 Lyon - Carthage, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE First Cemetery DATE June 25, 1935

19. UNDERTAKER (ADDRESS) Wesley Mortuary
Carthage, Mo.

20. FILED June 25, 1935 S. B. Colleton
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from July 26, 1934, to June 23, 1935
I last saw him alive on June 23, 1935. Death is said to have occurred on the date stated above, at 2:30 A.M.

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

Myocarditis, Chronic Date of onset (?)

Other contributory causes of importance: Senility

Name of operation none Date of _____

What test confirmed diagnosis physical Was there an autopsy? no

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? no

If so, specify _____

(Signed) George H. Wood, M. D.

(Address) Carthage Mo

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.

