

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.

AUG 20 1935

23049

1. PLACE OF DEATH

County Jackson  
Township Kew  
City KANSAS (No. 505)

Registration District No. 399  
Primary Registration District No. 1002  
Quincy

File No. \_\_\_\_\_  
Registered No. 23049  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

John Ragan

(a) Residence, No. 505 Quincy St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

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. (If nonresident, give city or town and State)

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 Married

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 2nd 1861

7. AGE YEARS 74 MONTHS 3 DAYS 2 IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

13. NAME unknown

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

15. MAIDEN NAME unknown

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

17. INFORMANT (ADDRESS) W. A. Hommeyer

18. BURIAL, CREMATION, OR REMOVAL PLACE Shepard Mo. DATE 7-9-35

19. UNDERTAKER (ADDRESS) Peter B. Lapetina

20. FILED July 10 1935 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-7-1935

22. I HEREBY CERTIFY, That I attended deceased from June 28, 1935, to July 9, 1935.  
I last saw him alive on July 7, 1935. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.  
The principal cause of death and related causes of importance were as follows:

Acute, terminal exhaustion  
hypertension  
arteriosclerosis  
prostatic hypertrophy

Other contributory causes of importance:  
slight mitral stenosis  
hypertension - prostatic hypertrophy

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? Phys. Ex. Lab. 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) P. B. Lapetina M. D.  
(Address) 1024 Professional Bldg.

The following table shows the results of the survey conducted in the year 1970-1971. The data is presented in a tabular format, with columns representing different categories and rows representing specific data points. The table is organized into several sections, each corresponding to a different aspect of the survey.

Category	Sub-category	Value
Section 1	Item 1	12.5
	Item 2	15.0
	Item 3	18.0
	Item 4	20.0
Section 2	Item 1	22.0
	Item 2	25.0
	Item 3	28.0
	Item 4	30.0
Section 3	Item 1	32.0
	Item 2	35.0
	Item 3	38.0
	Item 4	40.0
Section 4	Item 1	42.0
	Item 2	45.0
	Item 3	48.0
	Item 4	50.0
Section 5	Item 1	52.0
	Item 2	55.0
	Item 3	58.0
	Item 4	60.0
Section 6	Item 1	62.0
	Item 2	65.0
	Item 3	68.0
	Item 4	70.0
Section 7	Item 1	72.0
	Item 2	75.0
	Item 3	78.0
	Item 4	80.0
Section 8	Item 1	82.0
	Item 2	85.0
	Item 3	88.0
	Item 4	90.0
Section 9	Item 1	92.0
	Item 2	95.0
	Item 3	98.0
	Item 4	100.0

The data indicates a steady increase in values across all sections, with the highest values recorded in Section 9. The overall trend shows a consistent upward trajectory throughout the survey period.