

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.

AUG 23 1935

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

Do not use this space.

24301

1. PLACE OF DEATH

County St. Louis Registration District No. 789
Township Normandy Central Primary Registration District No. 6033
City Pine Lawn, Mo. (No. 3718 Jennings rd. Pine Lawn, Mo. Ward)

File No. _____
Registered No. 195

2. FULL NAME

Jack D. Ramsey
(a) Residence No. 1112 Chambers St. St. Louis Ward.

(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 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 Heleen Ramsey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 23 1900

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
35 1 5

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

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

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) Ark

13. NAME John F. Ramsey

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

15. MAIDEN NAME not known

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

17. INFORMANT (ADDRESS) Heleen Ramsey
1112 Chambers st

18. BURIAL, CREMATION, OR REMOVAL PLACE Monett Ark DATE July 21/35

19. UNDERTAKER (ADDRESS) Key Leiber and Co
1417 N. Market St

20. FILED 4-30- 19 31 Ed Baehmer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/29 1935

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him alive on _____, 19____. Death is said

to have occurred on the date stated above, at 4.0 m.

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

Brushing fracture
5th & 4th cervical
vertebral compression
of cord caused almost
complete paralysis
Other contributory causes of importance:
hemorrhage of cord
& total paralysis

Name of operation autopsy Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? Yes

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

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

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

Manner of injury over
Nature of injury _____

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

(Signed) Robert Turner 7/30/35
_____, M. D.
(Address) 3718 Jennings Rd
Corner St. Louis, Mo.

Verdict of Jury -
From an automobile
accident, and due to
insufficient evidence
render an open verdict
for further investigation.

Automobile accident. Lucas and Hunt road,
brought to Dr. Tiernon's hospital, Fine Lawn, Mo. automobile
ran off of Highway.

FEB 1945