

## MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

Do not use this space.

26069-8

## 1. PLACE OF DEATH

County

Dunklin

Registration District No.

288

Township

City

Halecomb  
Kennett Mo. R.F.D.

Primary Registration District No.

54 of 1

File No.

Registered No.

St.

Ward)

## 2. FULL NAME

Everett Lawrence Ragsdale

(a) Residence, No.

St.

Ward.

(Usual place of abode)

(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)

X

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

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

Jan. 27, 1932

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1  
day, .....hrs.  
or .....min.

3

6

22

OCCUPATION

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

X

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

X

10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Kennett  
Dunklin Co.

13. NAME

Carl Ragsdale

14. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Kennett  
Mo.

15. MAIDEN NAME

Bessie Ray

16. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)White Oak,  
Mo.

17. INFORMANT

(ADDRESS)

Carl Ragsdale

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Sumach

DATE

Aug. 20, 1935

19. UNDERTAKER

(ADDRESS)

W. H. Zehly  
Halecomb, Mo.

20. FILED

Nov 9

1935

J. Underman  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

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

Aug 18

1935

22. I HEREBY CERTIFY, That I attended deceased from

Aug 18, 1935, to Aug 19, 1935

I last saw him alive on Aug 18, 1935. Death is said

to have occurred on the date stated above, at 2 P.M. 3 P.M.

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

Acute Ictero-Orbitis

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? 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

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) Paul Bolover, M. D.

(Address) Kennett 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.

