

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

Do not use this space.

'JAN 16 1936'

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1. PLACE OF DEATH
 County Franklin Registration District No. 288
 Township Independence Primary Registration District No. 4172
 City Wassett (No. 4172) St. _____ Ward _____

2. FULL NAME A. J. Ravenport
 (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

MEDICAL CERTIFICATE OF DEATH

3. SEX M 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) Martha Jane Ravenport

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 28, 1888

7. AGE YEARS 52 MONTHS 0 DAYS 0 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. X

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) Cannon County, Georgia

13. NAME J. H. Ravenport

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cannon County, Georgia

15. MAIDEN NAME Maudie Goodrich

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hot Springs, Arkansas

17. INFORMANT (ADDRESS) W. H. Ravenport, 2015 E. 1st St., Independence, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Small Cemetery DATE Aug 28, 35

19. UNDERTAKER (ADDRESS) M. J. Quinn, 1115 W. 1st St., Independence, Mo.

20. FILED Jan 3, 1936 Arthur Davis Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 22, 1935 to Aug 28, 1935.
 I saw him alive on Aug 27th, 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:
Severe Calciferous
Arteriosclerosis
 Other contributory causes of importance:
Chronic Malaria
Cerebral Arteriosclerosis

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

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? _____
 (Signed) Arthur Davis, M. D.
 (Address) Wassett, 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.

