NOV 6 1935

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

Do not use this space.

28602

1. PLACE OF DEATH
County Audrain
Township
City Mexico Mo (No. ..... St. ..... Ward)

Registration District No. 26
Primary Registration District No. 3002

File No.
Registered No. 165

2. FULL NAME Frank M. Ragsdale

(a) Residence, No. 712 - W. Monroe St., 2nd 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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 25 - 1875

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
55	9	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 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 30 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

FATHER

13. NAME George Ragsdale
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Moberly Mo

MOTHER

15. MAIDEN NAME Mary L. Evans
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

17. INFORMANT (ADDRESS) Mrs Frank Ragsdale Mexico Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Fayette Mo DATE Sept 7 - 1931

19. UNDERTAKER (ADDRESS) McPheeters Bros Mexico Mo

20. FILED 11/2/1935 Blanche Neely Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 4, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 4, 1931 to Sept 4, 1931
I last saw him alive on Sept 4, 1931. Death is said to have occurred on the date stated above, at 9 P.M.
The principal cause of death and related causes of importance were as follows:

Lacerated Lung
Caused by 2 BC.

Date of onset

Other contributory causes of importance:
Dormant R Tuberculosis

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?
If so, specify
(Signed) R S Williams, M. D.
(Address) Mexico Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.