

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

Do not use this space.

30145

1. PLACE OF DEATH

County Mississippi Registration District No. 647
 Township East Prairie Primary Registration District No. 5763
 City (No.) St. Ward

File No.

Registered No. 67

2. FULL NAME

Jack Ramsey
 (a) Residence, No. Mississippi, Co. St. Ward

(Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 88 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE C. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2/13/1847

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or, min.
88 6 15

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farming
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation. life

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

FATHER 13. NAME Jack Ramsey
 14. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) Mississippi

MOTHER 15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Charles P. Smith

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove DATE Sept. 28, 1935

19. UNDERTAKER (ADDRESS) Travis N. Shelby

20. FILED Sept 27, 1935 Aluffen Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 27, 1935

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

I last saw h..... alive on, 19..... Death is said

to have occurred on the date stated above, at 6:30 m.

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

Deceased 88 years old
I did not see him but
from information I
believe he died suddenly
from heart failure
complicated with old age
 Other contributory causes of importance:

Date of onset

Name of operation..... Date of

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external cause (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.....

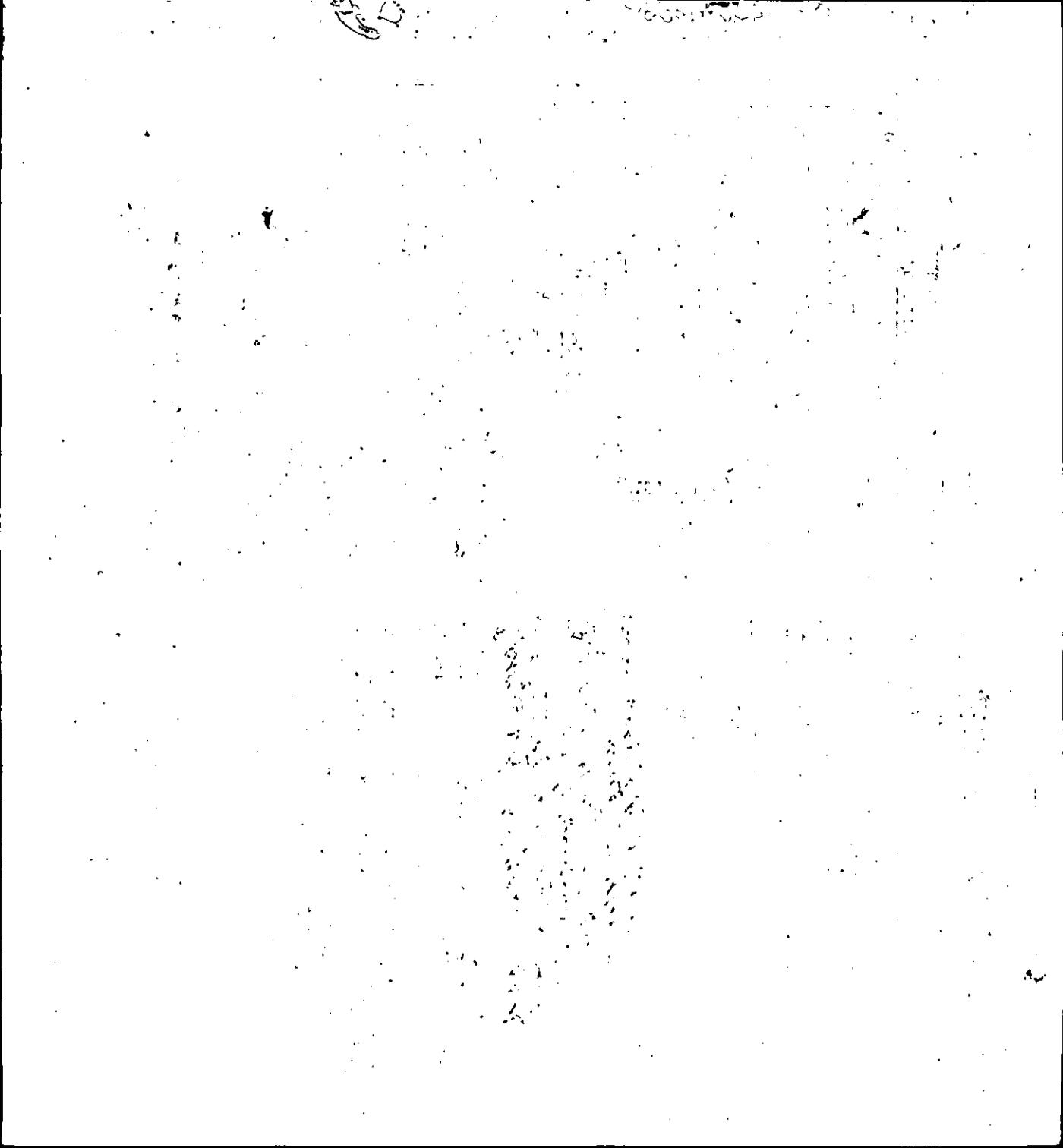
24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) George W. Whitaker, M. D.

(Address) East Prairie 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.



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NOV 25 1935

1. PLACE OF DEATH

County Mississippi Registration District No. 5677 File No. 576
Township Ohio Primary Registration District No. 2763 Registered No. 3
City Desventer (No. _____) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Jack Ramsey 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 Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) About 1848

7. AGE YEARS 88 MONTHS - DAYS - If LESS than 1 day or more than 1 min.

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

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

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) Mississippi County - Mo.

13. NAME Don't know

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

15. MAIDEN NAME Don't know

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

17. INFORMANT Mr. Johnson - County Judge (ADDRESS) Post Office - Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove Cem. DATE Sept. 29 1935

19. UNDERTAKER None - County Pauper Burial (ADDRESS)

20. FILED Sept 28 1935 A. Marshall Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 28 1935 8:30A

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____. I last saw him alive on No doctor, 19____. Death is said to have occurred on the date stated above, at 8:30 a.m.

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

Myo-Carditis
Date of onset _____
Other contributory causes of importance: None

Name of operation _____ Date of _____
What test confirmed diagnosis? family history 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 Paul H. Aetney - Coroner (Signed) _____, M. D.
(Address) Charleston 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.

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