

JAN 22 1936

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

Do not use this space.

39689

1. PLACE OF DEATH

County Jackson
Township Kearney
City Keosauqua

Registration District No. _____
Primary Registration District No. _____

File No. 8331
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Ralph M. Cellar

(a) Residence, No. 7202 Indiana St., _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 14 yrs. 14 mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Beatrice L. Cellar</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)		
7. AGE	YEARS <u>36</u>	MONTHS <u>3</u>
	DAYS <u>1</u>	If LESS than 1 day, _____ hrs. or _____ min.

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. <u>Fellingsta attended</u>
	10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation <u>14 mos</u>

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

MOTHER / FATHER 13. NAME W B Cellar

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Columbus Ohio

15. MAIDEN NAME Grace N. Garrison

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfield Ill

17. INFORMANT (ADDRESS) Mrs J. P. Dunaway 820 W. 1st

18. BURIAL, CREMATION, OR REMOVAL PLACE Waverly cemetery DATE 12/27 1935

19. UNDERTAKER (ADDRESS) Mellory M. Green Keosauqua

20. FILED 12-21 1935 M. M. Green, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/20/35 1935

22. I HEREBY CERTIFY that I attended deceased from _____ 1935 to _____ 1935

I last saw him _____ alive on _____ 1935 Death is said to have occurred on the date stated above, 2:10 P.M.

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

Contused and lacerated wound of the head.
Subarachnoid hemorrhage.

Other contributory causes of importance:

Name of operation _____ Date of operation _____
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 _____

Where did injury occur? 2201 Indiana Cellar (Specify city or town, county, and State)

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

Manner of injury Car flew out from striking head

Nature of injury head

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

If so, specify _____

(Signed) R. M. Cellar, M. D.

(Address) Keosauqua

OCT 7 1941

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township X.C.Mo
City X.C.Mo (No. _____)

Registration District No. 399
Primary Registration District No. 1002

File No. _____
Registered No. 4831
St. _____ Ward _____

2. FULL NAME

Ralph M. Cellar

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 19 1899

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>36</u>	<u>3</u>	<u>1</u>	

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. _____
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) _____

13. NAME _____

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

15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19____

19. UNDERTAKER (ADDRESS) _____

20. FILED 12/21 1935 M. M. Corwin
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-20 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 _____ m.

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

Date of onset _____

Other contributory causes of importance: _____

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) [Signature], M. D.

(Address) X.C.Mo

CERTIFICATE

5-39689