

MAN 16 1936

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

Do not use this space.

4610

1. PLACE OF DEATH

County Buchanan Registration District No. 85
Township _____ Primary Registration District No. 10
City St. Joseph, (No. 2223 Faraon) St. _____ Ward _____

File No. _____
Registered No. 154

2. FULL NAME Mary Vivian Ramsay,

(a) Residence, No. 2223 Faraon St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 13, 1913
7. AGE YEARS 22 MONTHS 3 DAYS 21 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher,
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Adult Education, P.M.A.
10. Date deceased last worked at this occupation (month and year) February 1936, 11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Watson, Missouri,

13. NAME Charles A. Ramsay

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rock Port, Missouri,

15. MAIDEN NAME Flossie L. Hudson,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Watson, Missouri,

17. INFORMANT (ADDRESS) Charles A. Ramsay, Watson, Missouri,

18. BURIAL CREMATION, OR REMOVAL PLACE Watson, Mo. DATE Feb'y 16th, 1936

19. UNDERTAKER (ADDRESS) Theaton-Bibb-Bowman, 319 Co. 10th St., Funeral Home

20. FILED 2-4-36 19 36 W.M.R. Bender, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 4th, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 30, 1936, to Feb. 3, 1936
I last saw her alive on Feb. 2, 1936 Death is said to have occurred on the date stated above, at 5:00 p.m.

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

Pneumonia, Lobar
Date of onset _____
Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical 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 _____

(Signed) Albert H. Munch, M. D.
(Address) 215 P. & S. Bldg, St. Joseph, 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.

