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.

APR 15 1936

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

Do not use this space.

9294

1. PLACE OF DEATH
County Buchanan — Registration District No. 80 — File No.
Township Tremont — Primary Registration District No. 5120 — Registered No.
City (No. St. Ward)

2. FULL NAME Mary Grace Ratcliff
(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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: Female
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: Oren Ratcliff
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): December 7, 1882
7. AGE: YEARS 43 — MONTHS 4 — DAYS 4 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: housewife
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): Missouri

FATHER
13. NAME: John Dunbar
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

MOTHER
15. MAIDEN NAME: Delie Kelley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT (ADDRESS): O. L. Ratcliff
18. BURIAL, CREMATION, OR REMOVAL
PLACE Frazier Cemetery DATE March 13, 1936
19. UNDERTAKER (ADDRESS): H. A. Sullins, Gower, Mo.
20. FILED March 12 1936 Mrs. Lucy Powell, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 11, 1936
22. I HEREBY CERTIFY, That I attended deceased from Mch 7th, 1936, to Mch 11th, 1936
I last saw her alive on Mch 10th, 1936. Death is said to have occurred on the date stated above, at 6:50 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobular Pneumonia	Mch 7th
11a	
Other contributory causes of importance:	
Influenza	Mch 4th

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) J. C. Starks, M. D.
(Address) Gower, Mo