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.

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

Do not use this space.

1. PLACE OF DEATH APR 21 1936
County Mercer
Township Marion
City Mercer (No. ..... St. ..... Ward)

Registration District No. 553
Primary Registration District No. 4325

File No. 11589
Registered No. 6

2. FULL NAME William Owen Ragan
(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 8 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) single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 3, 1881
7. AGE YEARS 54 MONTHS 10 DAYS 24 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Mar. 27
11. Total time (years) spent in this occupation

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

FATHER
13. NAME Calvin Ragan
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mercer Mo.

MOTHER
15. MAIDEN NAME Jane Browning
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

17. INFORMANT (ADDRESS) Mrs. John Elsey Mercer Mo.
18. BURIAL, CREMATION, OR REMOVAL Burial
PLACE Middlepoint DATE Mar 28 1936
19. UNDERTAKER (ADDRESS) Noel Moss Princeton Mo.
20. FILED Mar 28 1936 Mrs Obie Davenport Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 27 1936
22. I HEREBY CERTIFY, That I attended deceased from March 27, 1936, to ....., 19....
I last saw him alive on March 27, 1936. Death is said to have occurred on the date stated above, at 12 30 P.m.
The principal cause of death and related causes of importance were as follows:

Apoplexy 87 A'

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) O Meramer D.O. ~~M.D.~~
(Address) Mercer, Missouri