

Apr 22 1936

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

Do not use this space.

11805

1. PLACE OF DEATH

County Oregon
Township Thayer
City (No.) St. Ward)

Registration District No. 632
Primary Registration District No. 5834

File No.
Registered No. E

2. FULL NAME

Martha Belle Ramsey

(a) Residence, No. Thayer St. Ward.
(Usual place of abode) Adrian 30 years mos. ds. (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 <u>Fe</u>	4. COLOR OR RACE <u>wh</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>J. H. Ramsey</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 29 - 1860</u>		
7. AGE YEARS <u>75</u>	MONTHS <u>8</u>	DAYS <u>20</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		
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) <u>Fulton Co. Kentucky</u>		
13. NAME <u>William Jackson</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Alabama</u>		
15. MAIDEN NAME <u>Amonda Smith</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tennessee</u>		
17. INFORMANT <u>R. K. Jackson</u> (ADDRESS) <u>Thayer Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Two mile</u> DATE <u>March 21 1936</u>		
19. UNDERTAKER <u>Leo Carr</u> (ADDRESS) <u>Thayer Mo</u>		
20. FILED <u>Mar 29 1936</u> <u>George Johnson</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/19 1936

I HEREBY CERTIFY That I attended deceased from Sept 25 1934 to March 19 1936
I last saw h. ex. alive on March 19 1936 Death is said to have occurred on the date stated above, at 7:00 p.m.
The principal cause of death and related causes of importance were as follows:
Pulmonary Tuberculosis Date of onset 1934
23

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? No
If so, specify.....
(Signed) J. A. Barnes M. D.
(Address) Thayer 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.

Barnes

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