

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.

MAY 20 1936

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

Do not use this space.

Dr. Walsh

14779

1. PLACE OF DEATH

County Greene Registration District No. 318  
Township Springfield Mo. Primary Registration District No. 300  
City Springfield Mo. 1074 a. Court

File No. 14779  
Registered No. 305  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. 1074 a. Court St. \_\_\_\_\_ Ward \_\_\_\_\_  
(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. (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) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND or (OR) WIFE OF Lucian M. Ramey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 30 - 1873

7. AGE YEARS 62 MONTHS 3 DAYS 1 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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) Paik Co. Mo

13. NAME Billy Williams

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

15. MAIDEN NAME Elizabeth Pierce

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

17. INFORMANT (ADDRESS) Lucian M. Ramey Springfield Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Regularly April 2 - 1936

19. UNDERTAKER (ADDRESS) Oliver J. Meyer Springfield Mo

20. FILED 4-11-36 Registrar Ralph W. Douglas

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 1 - 1936

22. I HEREBY CERTIFY, That I attended deceased from March 30 1936 to April 1 1936

last saw her alive on 4 - 1 - 1936 Death is said to have occurred on the date stated above, at 3:40 P.M.

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

Hemorrhage gastric from ulcers - not malignant  
Date of onset 9/11/35

Other contributory causes of importance: hypertension with nephritis chronic

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis Physician 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 W. T. Walsh  
(Signed) Springfield Mo, M. D.

(Address) \_\_\_\_\_

