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 14 1936

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

Do not use this space.

19366

File No.

Registered No. 2316

1. PLACE OF DEATH

County: JACKSON — Registration District No. 399

Township: RAY — Primary Registration District No. 1002

City: KANSAS CITY (No. ST. LUKE'S HOSPITAL St. Ward)

2. FULL NAME: JESSE B. RALPH

(a) Residence, No. 217 WEST 38TH St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 30 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*): MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ MRS. MINNIE RALPH

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): JULY-20-1853

7. AGE: Years 82 — Months 9 — Days 14 — 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):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): RAY COUNTY MISSOURI

FATHER

13. NAME: ZAZA RALPH

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): VIRGINIA

MOTHER

15. MAIDEN NAME: MARTHA SIMPSON

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): UNKNOWN

17. INFORMANT (ADDRESS): MRS. MINNIE RALPH 217 WEST 38TH ST.

18. BURIAL, CREMATION, OR REMOVAL PLACE: FOREST HILL DATE: MAY-5 1936

19. UNDERTAKER (ADDRESS): D. W. NEWCOMER'S SONS 2111 EAST 9TH ST.

20. FILED 5-5 1936 M. M. Crowe, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): MAY-3 1936

22. I HEREBY CERTIFY, That I attended deceased from April 29th 1936, to May 3rd 1936

I last saw him alive on May 3rd 1936. Death is said to have occurred on the date stated above, at 6:00 A.m.

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

Cerebral Hemorrhage — Date of onset

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Other contributory causes of importance: Chr. Nephritis

Name of operation: Date of:

What test confirmed diagnosis? ✓ Was there an autopsy? Yes

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) James D. Smith M. D.

(Address) 612 Argyle Bldg. K.C. Mo.

612 Argyle Bldg.
11:15 - 12:30 ; 1-4