

SEP 18 1936

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

Do not use this space.

30048

1. PLACE OF DEATH

County Buntler
Township
City Poplar Bluff (No. _____)

Registration District No. 89
Primary Registration District No. 3007

File No. _____
Registered No. 192
St. _____ Ward _____

2. FULL NAME

Thomas W. Ratcliffe
(a) Residence, No. Brandon Hosp. St. _____ Ward Learning Ark.
(Usual place of abode) (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>male</u>	4. COLOR OR RACE <u>white</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>Ketty Ratcliffe</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 21, 1878</u>		
7. AGE	YEARS <u>58</u>	MONTHS <u>5</u>
	DAYS <u>19</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Dep. Lemur Clerk Western Dist.</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>Pop. Ark.</u>		
FATHER	13. NAME <u>J. Tom. Ratcliffe</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
MOTHER	15. MAIDEN NAME <u>Hulda A. Warner</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ark.</u>	
17. INFORMANT (ADDRESS) <u>Ketty Ratcliffe Learning Ark.</u>		
18. BURIAL, CREMATION, OR REMOVAL		
PLACE	<u>Learning</u>	DATE <u>Ark 8/14/36</u>
19. UNDERTAKER (ADDRESS) <u>Green Funeral Service Poplar Bluff</u>		
20. FILED <u>8/14 1936</u> <u>W. L. Brandon</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug. 8, 1936, to Aug. 17, 1936
I last saw him alive on August 17, 1936. Death is said to have occurred on the date stated above, at 8:45 a.m.
The principal cause of death and related causes of importance were as follows:
Gastric hemorrhage 9/6/36
Possible carcinoma of stomach 5/1/36

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) W. L. Brandon, M. D.
(Address) Poplar Bluff, 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.

