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

SEP 21 1936

Do not use this space.
30572

1. PLACE OF DEATH
County Greene
Township N Campbell
City Springfield (No. St John Hospital St. Ward)
Registration District No. 318
Primary Registration District No. 2001
File No.
Registered No. 688

2. FULL NAME Joann Ramsey
(a) Residence, No. 1502 W. Chesnut St., Ward.
(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 F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June-9-1935

7. AGE YEARS 1 MONTHS 2 DAYS 0 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
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) Springfield Mo

FATHER
13. NAME Joseph A. Ramsey
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfield Mo

MOTHER
15. MAIDEN NAME Nola Buckner
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fair Grove Mo

17. INFORMANT (ADDRESS) Joseph A Ramsey 1502 W. Chesnut St

18. BURIAL, CREMATION, OR REMOVAL
PLACE Clear Creek DATE 8-10 1936

19. UNDERTAKER (ADDRESS) Floyd W. Fox 629 W. Walnut St

20. FILED 8-10 1936 Dr Chas A George Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 9 1936

22. I HEREBY CERTIFY, That I attended deceased from 7/31/36, 19.... to 8/9/36, 19....
I last saw her alive on 8/9/36, 19.... Death is said to have occurred on the date stated above, at 9:45 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
ac. Upper Respiratory Infection c̄	7/25/36
assoc. gastro intestinal upset	

Other contributory causes of importance:
Chronic Malnutrition

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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? .....
If so, specify .....
(Signed) Eug J Schwartz M.D. M. D.
(Address) 342 Med Arts Bldg Springfield