

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

Do not use this space.

43992

JAN 8 1937

1. PLACE OF DEATH

County Barren
Township Ashe
City Stouland (No. _____)

Registration District No. 275
Primary Registration District No. 5170B

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

2. FULL NAME

Era D Ratliff

(a) Residence, No. _____ 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 <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>Nellie Ratliff</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Year 1875 - month 12 - day unknown</u>		
7. AGE YEARS <u>61</u>	MONTHS <u>unknown</u>	DAYS <u>unknown</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>farmer</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>✓</u>		
10. Date deceased last worked at this occupation (month and year) <u>Nov. 1936</u>		11. Total time (years) spent in this occupation <u>15 yrs.</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>		
13. NAME <u>unknown</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>		
15. MAIDEN NAME <u>unknown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>		
17. INFORMANT <u>H. E. Davis</u> (ADDRESS) <u>Stouland MO</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Stouland Cemetery</u> DATE <u>Dec 20</u> 19 <u>36</u>		
19. UNDERTAKER <u>Virgil Evans</u> (ADDRESS) <u>Stouland MO</u>		
20. FILED <u>Jan 6</u> 19 <u>37</u> <u>Mrs. Mae Pool</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 18 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 12 1936, to Dec-18 1936
I last saw him alive on Dec 17 1936 Death is said to have occurred on the date stated above, at 6 P. m.
The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia
Date of onset Dec-12

Other contributory causes of importance:
Injured, about face used hand by explosion of oil stove

Name of operation _____ Date of _____
What test confirmed diagnosis? bed side Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Dec 12, 1936
Where did injury occur? his home
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury burn
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) C. E. Coates, M. D.
(Address) Stouland MO

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

