

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.

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

Do not use this space.

144 FEB 15 1937

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1. PLACE OF DEATH
 County Buchanan Registration District No. 85
 Township _____ Primary Registration District No. 1001
 City St Joseph (No. State Hospital #2) St. _____ Ward _____

2. FULL NAME Josie May Ramsey
 (a) Residence, No. Kansas City 26 St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 0 yrs. 5 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. _____
 Registered No. 96
 St. _____ Ward _____

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 OF (OR) WIFE OF Mr Frank T. Ramsey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 10 1876

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>60</u>	<u>3</u>	<u>19</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) 1935 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lafayette Co Mo

FATHER
 13. NAME James Sydenstricker
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Carolina

MOTHER
 15. MAIDEN NAME Sallie Whitatt
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT State Hosp #2 Records
 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Oressa Mo DATE Jan 29 1937

19. UNDERTAKER L. P. Rushman
 (ADDRESS) Oressa Mo

20. FILED 1-27-37 R. J. [Signature]
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 21, 1936, to Jan 27, 1937.
 I last saw her alive on Jan 26, 1937. Death is said to have occurred on the date stated above, at 4 a.m.
 The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis
Senile Psychosis

Date of onset Indef

Other contributory causes of importance:
None

Name of operation None Date of _____
 What test confirmed diagnosis? Cholera Syndrome Was there an autopsy? Y. N.

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) G. E. DeLong M.D. M. D.
 (Address) State Hosp #2

