

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.

FEB 9 1937

2684

1. PLACE OF DEATH

89 County Ballou Registration District No. 727
Township Ballou Primary Registration District No. 4433
City Perry (No. 1) St. 1 Ward

2. FULL NAME

Guinnia Carson Ralls
(a) Residence, No. Perry Missouri St. 1 Ward. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 3.5 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 29, 1854

7. AGE YEARS 82 MONTHS 4 DAYS 1 If LESS than 1 day, hrs. or min.

OCCUPATION 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. None 235
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation. 76

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ballou Tennessee

MOTHER 13. NAME Dany Carson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

15. MAIDEN NAME Margaret Sill

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

17. INFORMANT (ADDRESS) Bess Williams Perry Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE High Creek DATE Jan 23, 1937

19. UNDERTAKER (ADDRESS) Clyde C. Wilkey Perry Missouri

20. FILED 1-27 19 Geo. Rossler Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY That I attended deceased from Jan 7, 1937 to Jan 21, 1937
I last saw her alive on Jan 20, 1937. Death is said to have occurred on the date stated above, at 4:30 A.M.
The principal cause of death and related causes of importance were as follows:

Date of onset Jan 20, 1937
Coronary Thrombosis
Other contributory causes of importance: Fatigue
AWB

Name of operation Date of
What test confirmed diagnosis? Phonocardiogram as 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) John E. Brown M. D.
(Address) Perry Mo.

