

MAR 24 1937

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

Do not use this space.

1. PLACE OF DEATH

County PlatteRegistration District No. 698

Township

Primary Registration District No. 4420

City

Weston

(No. _____)

St. _____

Ward _____

File No. 7688

Registered No. _____

2. FULL NAME

Henry Ramers

(a) Residence, No. _____

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

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR

DIVORCED (write the word)

Married5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
WIFE OFJulia Ramers

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

Mar 18 1855

7. AGE

YEARS

81

MONTHS

DAYS

9
28IF LESS than 1
day, hrs.
or min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Retired9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.Railroad (Doctor)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)Germany

13. NAME

not known14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Germany

15. MAIDEN NAME

not known16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Germany17. INFORMANT
(ADDRESS)Mrs Julia Ramers
Weston Mo18. BURIAL, CREMATION OR REMOVAL
PLACECentral Hill

DATE

2-18-3719. UNDERTAKER
(ADDRESS)J. H. Mill
Weston Mo

20. FILED

2/17/37J. H. Mill

Registrar

MEDICAL CERTIFICATE OF DEATH

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

Feb - 16 - 1937

22. I HEREBY CERTIFY, That I attended deceased from

Feb - 15 - 1937 to Feb - 16 - 1937I last saw him alive on Feb - 15 - 1937 Death is saidto have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis.

Date of onset

Other contributory causes of importance:

Senile degenerative changes

Name of operation

None

Date of _____

What test confirmed diagnosis? Clinical 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? No

If so, specify _____

(Signed)

Lewis C. Cabot, M. D.

(Address)

Weston, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. FIVE SEVERALS ABOVE STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

