

APR 9 1937

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City St. Louis, Mo. (No.)

Registration District No. 791
City Hospital No. 1003

File No. 10243
Registered No. 2811
St. Ward)

2. FULL NAME John Ramsey

(a) Residence, No. 1012 N 13th Street St. 25 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 25 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 Col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 26, 1889

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
47 5 13

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

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

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) Meridian Mississippi

13. NAME Dennis Ramsey

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Meridian Mississippi

15. MAIDEN NAME Mary Dunger

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Meridian Mississippi

17. INFORMANT Ruby Perdeau
(ADDRESS) 2945 Lawton Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Meridian, Miss. DATE Mar. 14, 1937

19. UNDERTAKER Wright Funeral Home
(ADDRESS) 2150 Chestnut Ave.

20. FILED APR 12 1937 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from February 26, 1937, to March 9, 1937

I last saw him alive on March 9, 1937 Death is said to have occurred on the date stated above, at 9:40m. a. m.
The principal cause of death and related causes of importance were as follows:

Polycystic Kidney 2-26-37 No stones
133

Other contributory causes of importance: None

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? Yes

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) J. Owen Blanche, M. D.
(Address) 2945 Lawton Ave.

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.

490

5000

