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..... Registration District No. 791

Township..... Primary Registration District No. 1003

City St. Louis, Mo. (No. 500 S. Kingshighway Childrens Hosp. St. ..... Ward)

File No. 10419

Registered No. 2991

2. FULL NAME Thomas Ramage

(a) Residence, No. Dongola, Illinois St., R.R. 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): Child

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Child

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 2 - 4 - '37

7. AGE: Years ..... Months 1 Days 12 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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

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): Illinois

FATHER

13. NAME: Arthur Ramage

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois.

MOTHER

15. MAIDEN NAME: Hazel Shreves

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois.

17. INFORMANT: I. Brauner
(ADDRESS) 500 S. Kingshighway

18. BURIAL, CREMATION, OR REMOVAL
PLACE Allen Cty DATE 3/18, 19 37

19. UNDERTAKER: E. Donald Dolly
(ADDRESS) Dongola Ill

20. FILED MAR 17 1937 J. F. Breeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/16, 19 37

22. I HEREBY CERTIFY, That I attended deceased from 3/12, 19 37, to 3/16, 19 37

I last saw him alive on 3/16, 19 37 Death is said to have occurred on the date stated above, at 5:35 p.m.

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

	Date of onset
non calculous Pyelonephritis - Rt.	2 wks
Lt. Kidney Abscess	2 wks
Coma - acid	10 days
(Rt.) Perinephritic Abscess	2 wks.
broadly due to Pyelonephritis	

Other contributory causes of importance:
(No congenital defect)

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Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

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) Lewis M. Barlow, M. D.

(Address) 500 S. Kingshighway

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.

St. Louis, Mo. 500 S. Kingshighway

Thomas Ramage
Dongola, Illinois

Italo