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.

MAY 21 1937

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

Do not use this space.

1. PLACE OF DEATH
46 County Howell — Registration District No. 384 — File No. 16526
3 Township — Primary Registration District No. 4227 — Registered No.
4 City West Plains (No. ..... St. ..... Ward)

2. FULL NAME Blanche Ramsey

(a) Residence, No. ..... St. ..... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)

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 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 N. J. Ramsey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 16 1860

7. AGE — YEARS 77 — MONTHS 2 — DAYS 3 — 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. at Home.
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) Walnut Hill Ark.

FATHER
13. NAME Wm Jones
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Walnut Hill Ark

MOTHER
15. MAIDEN NAME Liza D Sloan
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mitoden Ark

17. INFORMANT (ADDRESS) N. J. Ramsey West Plains Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Pottersville Mo DATE April 21 1937

19. UNDERTAKER (ADDRESS) McFARLAND UNDERTAKING CO. WEST PLAINS, MO.

20. FILED 4-20 1937 Vida N. Simons Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 19 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar. 12 1937, to Apr. 19 1937
I last saw her alive on Apr. 15, 1937. Death is said to have occurred on the date stated above, at 5 a.m.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset
an unabsorbed
Clot on brain

Other contributory causes of importance: None

Name of operation None Date of —
What test confirmed diagnosis? Observation 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) [signature], M. D.
(Address) West Plains, Mo.