

JUN 17 1937
 JUN 16 1937

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

Do not use this space.

19701

1. PLACE OF DEATH
 County: Cape Girardeau Registration District No. 130
 Township: Liberty Primary Registration District No. 5181
 City: _____ St. 2 Ward _____

2. FULL NAME Robert Norman Ramsey
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

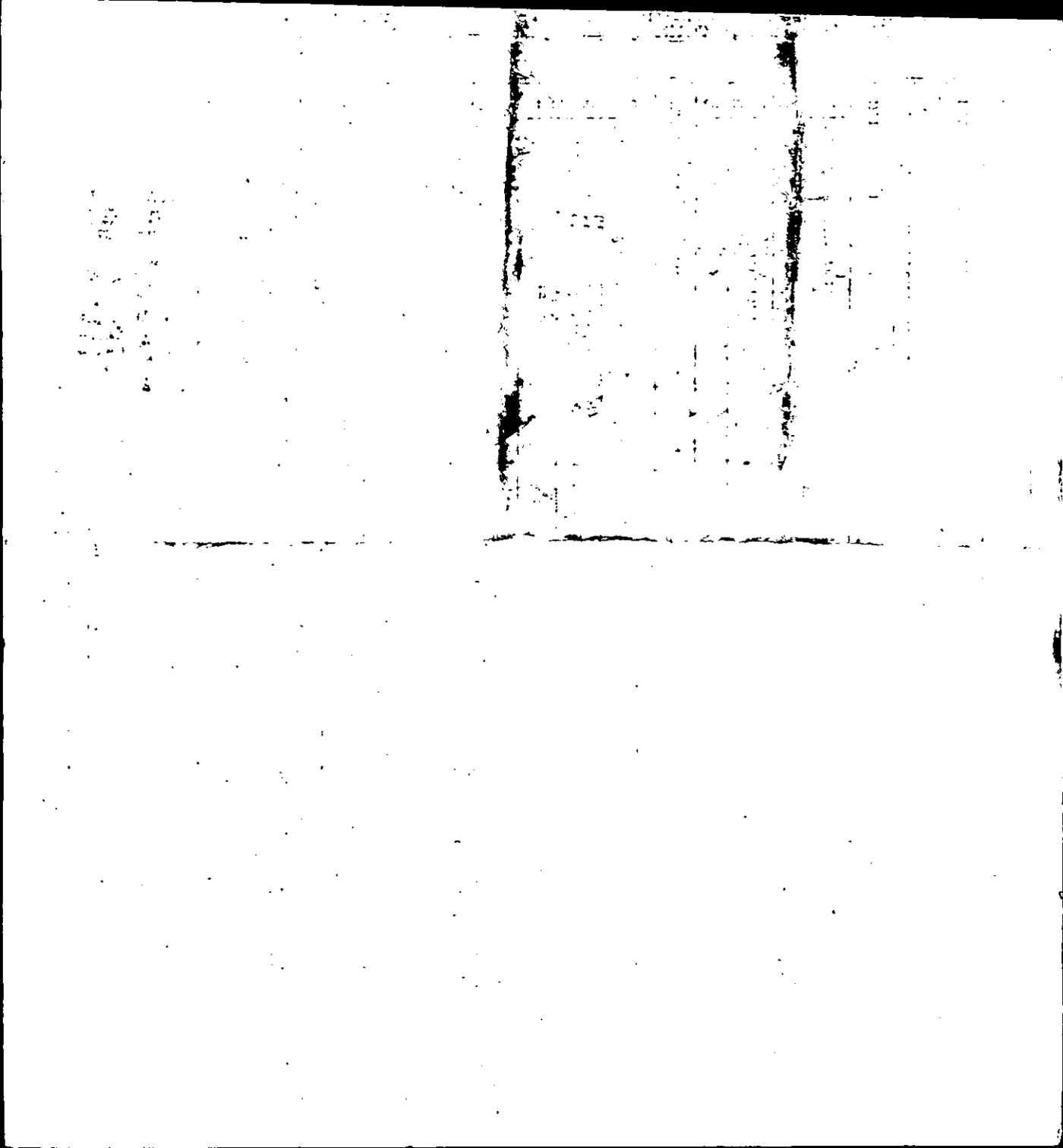
PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male
 4. COLOR OR RACE w.
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Infant
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 6 - 1937
 7. AGE YEARS MONTHS DAYS If LESS than 1 day 22 hrs. or min. 0
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Infant
 10. Date deceased last worked at this occupation (month and year) _____ Total time (years) spent in this occupation _____
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) near Whitewater Mo.
 MOTHER
 13. NAME William S. Ramsey
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Crystal City Mo.
 FATHER
 15. MAIDEN NAME Jessie May Lore
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bonnetville Mo.
 17. INFORMANT Wm. Ramsey
 (ADDRESS)
 18. BURIAL, CREMATION, OR REMOVAL Burial
 PLACE _____ DATE _____ 19____
 19. UNDERTAKER E. I. Shell
 (ADDRESS)
 20. FILED _____ 19____
 Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 7 - 1937
 22. I HEREBY CERTIFY That I attended deceased from Jan 6 - 1937 to Jan 7 - 1937
 I last saw him alive on Jan 7 - 1937 Death is said to have occurred on the date stated above, at 11 a.m.
 The principal cause of death and related causes of importance were as follows:
Tubercular Pneumonia of Both Lungs.
 Date of onset _____
 Other contributory causes of importance:
Born with water in lungs
 Name of operation no operation Date of _____
 What test confirmed diagnosis Phys Ex 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) J. M. Ginney, M. D.
 (Address) Gasline Mo.

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**

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 136 File No. 19701
Township Liberty Primary Registration District No. 5181 Registered No. _____
City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

Robert Norman Ramsey

(a) Residence, No. _____ St. _____ Ward _____ (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 <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>infant</u>
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 6 1934</u>		
7. AGE YEARS MONTHS DAYS If LESS than 1 day 22 hrs. or _____ min. <u>Infant</u>		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Infant</u>		
9. Industry of business in which work was done, as silk mill, saw mill, bank, etc. <u>Infant</u>		
10. Date deceased last worked at this occupation (month and year) Total time (years) spent in this occupation.		

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>near Whitewater Mo</u>
13. NAME <u>William S Ramsey</u>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Crystal Beach Mo</u>
15. MAIDEN NAME <u>Flora May Hale</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bonnetville Mo</u>
17. INFORMANT (ADDRESS) <u>Wm Ramsey Whitehart, Mo.</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bark's Chapel Jan 8, 1937</u>
19. UNDERTAKER (ADDRESS) <u>T. L. Shell Laflin, Mo.</u>
20. FILED <u>July 21, 1937 J. M. Dapley Registrar</u>

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 7 1937
I HEREBY CERTIFY, that I attended deceased from Jan 6 to Jan 7, 1937
I last saw him alive on Jan 7, 1937. Death is said to have occurred on the date stated above, at 11 A.M.

The principal cause of death and related causes of importance were as follows:
Lobed Pneumonia of both lungs Date of onset 6
Other contributory causes of importance:
Born with water in lungs

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) J. M. Dapley, M. D.
(Address) Laflin Mo

REGISTRATION SHALL NOT BE RECEIVED UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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