JUL 26 1937

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

Do not use this space.

File No. 23168
Registered No. 653

1. PLACE OF DEATH

County: Buchanan, Registration District No.: 25
Township: Primary Registration District No.:
City: St. Joseph, (No. St. Joseph's Hospital, St. Ward)

2. FULL NAME Perry Theodore Ramsey,

(a) Residence, No. 2002½ Hossanie St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married,

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 3, 1900

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	36	7	29	

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) June 1937 11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oregon, Missouri,

FATHER

13. NAME Perry Ramsey,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Holt County, Missouri,

MOTHER

15. MAIDEN NAME Margaret Moody,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Holt County, Missouri,

17. INFORMANT (ADDRESS) Mrs. Perry T. Ramsey 2002½ Hossanie Street,

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ashland Cem. DATE June 5th, 1937

19. UNDERTAKER Heaton-Bittale & Bowman
(ADDRESS) 319 So. 10th. Street, Tuneral Home

20. FILED 6/5, 1937 H. J. Westbrook
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 2nd, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 2, 1937, to June 2, 1937
I last saw h. alive on June 2, 1937. Death is said to have occurred on the date stated above, at 10:40 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
(Mr. Epidemic)	
Meningitis	
Multiple abscess	
Organism not stained	
by gram fluid	

Other contributory causes of importance: NMO

Name of operation Date of
What test confirmed diagnosis? Autopsy 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 No
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Oscar W. Craig, M. D.
(Address) 303 Corkspatter Bldg.

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.