SEP 20 19

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

Do not use this space.

File No. 30926

Registered No.

1. PLACE OF DEATH

County Jasper — Registration District No. 408

Township — Primary Registration District No. 3020

City Carthage (No. , St. Ward)

2. FULL NAME Trula Jane Ramsey

(a) Residence, No. Stone Memorial Hosp. St., Ward. Sarcoxie, Mo
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
F	W	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 12, 1918

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	18	10	19	

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. Home

10. Date deceased last worked at this occupation (month and year) 7-37

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Golden City, Mo

FATHER

13. NAME Carl Diefenderfer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jericho Springs Mo.

MOTHER

15. MAIDEN NAME Mae Devine

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Golden City Mo

17. INFORMANT Mrs. Mae Smith
(ADDRESS) Sarcoxie, Mo

18. BURIAL, CREMATION, OR REMOVAL
Jericho Spr. Mo. DATE Aug. 3, 1937

19. UNDERTAKER Engelage Funeral Home
(ADDRESS) Sarcoxie, Mo

20. FILED 8-2, 1937 S. B. Clinton
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 31, 1937

22. I HEREBY CERTIFY, That I attended deceased from 7/28, 1937, to 7/31, 1937.
I last saw him alive on 7-31, 1937. Death is said to have occurred on the date stated above, at 8:30 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis	2 da

Other contributory causes of importance:
Ruptured Appendix

Name of operation Appendectomy Date of 7/28/37
What test confirmed diagnosis? yes 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) L. A. Peterson D.O. M.D.
(Address) Sarcoxie Mo

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.