

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

Do not use this space.

SEP 24 1937

31533

1. PLACE OF DEATH

County Pulaski  
Township Lewiston  
City Crocker

Registration District No. 716  
Primary Registration District No. 50135

File No. 31533  
Registered No. 19  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Franz Sherman Ramsey

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ 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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/23-1937

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

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 1-1867

I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 12:30 p.m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
69 8 22

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gen. Merchant  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retail Store  
10. Date deceased last worked at this occupation (month and year) 4.5 years 11. Total time (years) spent in this occupation 45

Self inflicted gunshot wound Date of onset 8/23/37

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Idria Mo

Other contributory causes of importance: 167  
W. Ramsey

13. NAME George W. Ramsey

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? suicide Date of injury 8/23, 1937

15. MAIDEN NAME Mary Albertson

Where did injury occur? Pulaski Co. ~~Idria Mo~~  
(Specify city or town, county, and State)

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT Mrs. Minnie Ramsey  
(ADDRESS) Idria Mo.

Manner of injury gun shot wound in  
Nature of injury right temple

18. BURIAL, CREMATION, OR REMOVAL PLACE Idria DATE 8/25-37

19. UNDERTAKER R. L. Casey  
(ADDRESS) Idria

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_

20. FILED 8/26, 19 37 W. J. Bell  
Registrar

(Signed) R. B. Jensen Coroner, M. D.  
(Address) Kehlberg 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.

