NOV 16 1937

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

Do not use this space.

1. PLACE OF DEATH
County Butler
Township Neely
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 88
Primary Registration District No. 5130

File No. 37246
Registered No. 41

2. FULL NAME Edward 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

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-2-1937
7. AGE YEARS — MONTHS — DAYS — If LESS than 1 ~~day,~~ 3 hrs. ~~or min.~~

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
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) Neelyville Mo.

FATHER
13. NAME Cecil Ramsey.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shirley Ark.

MOTHER
15. MAIDEN NAME Carrie Virginia Shepherd
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Linden Tenn.

17. INFORMANT (ADDRESS) Cecil Ramsey Neelyville Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Neelyville Mo DATE 11-2-1937
19. UNDERTAKER (ADDRESS) Friends - Neighbors
20. FILED 11-3-1937 R. L. Turner. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-2-1937
22. I HEREBY CERTIFY, That I attended deceased from —, 19—, to —, 19....
I last saw h— alive on — — —, 19— Death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

Premature birth. Date of onset —
Cause unknown.

Other contributory causes of importance:

159

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) R. L. Turner, M. D.
(Address) Neelyville - 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.