

NOV 23 1937

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

Do not use this space.

1. PLACE OF DEATH

County Ralls
Township Spencer
City New London (No. _____)

Registration District No. 726
Primary Registration District No. 4432

File No. 38562
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Sylvester Ragan St. _____ Ward _____
(Usual place of abode) New London

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct-28-1937

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Carolyn Ragan

22. I HEREBY CERTIFY, That I attended deceased from Oct 28, 1937, to Oct 28, 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb-22-1957

I last saw h. in alive on Oct 28, 1937 Death is said

7. AGE YEARS 80 MONTHS 8 DAYS 7 If LESS than 1 day, _____ hrs. or _____ min.

to have occurred on the date stated above, at 6:00 p.m.

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. MD

Fracture of skull

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

Result of fall

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

Other contributory causes of importance:

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

13. NAME William Ragan

Name of operation _____ Date of _____

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

What test confirmed diagnosis? _____ Was there an autopsy? No

15. MAIDEN NAME unknown

23. If death was due to external causes (violence), fill in also the following:

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

Accident, suicide, or homicide? accident Date of injury 10/28, 1937

17. INFORMANT Dr. E. A. Ragan (ADDRESS) Hamibol

Where did injury occur? New London Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Barkley bur. DATE Oct-30-1937

(Specify city or town, county, and State)

19. UNDERTAKER O'Donnell Funeral Home, (ADDRESS) New London

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

20. FILED 10/30, 1937 Blanche Ragan Registrar.

Manner of injury Fracture of skull

Nature of injury By fall

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) H. J. Waters, M. D.

(Address) New London Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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