

DEC 29 1937

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

Do not use this space.

1. PLACE OF DEATH

County Washington
Township 13th
City Belleville (No. _____)

Registration District No. 885
Primary Registration District No. 6183

File No. 42749
Registered No. 25-

2. FULL NAME

Thomas Benton Ransay
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Eve Ransay

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 1 - 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
63 2 27

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

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) Sunlight Mo.

13. NAME David Ransay

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

15. MAIDEN NAME Dorothy Ausubert

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

17. INFORMANT (ADDRESS) Theresa Schuster Belleville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sunlight Mo. DATE 11-29 1937

19. UNDERTAKER (ADDRESS) Whitey 620 1st St. Belleville Mo.

20. FILED Dec 7 1937 Mrs Ella White Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Nov 20, 1937, to Nov 27, 1937

I last saw him alive on Nov 27, 1937. Death is said to have occurred on the date stated above, at 11:30 p.m.

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

Branchopneumonia
Double
myocarditis

Other contributory causes of importance:

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 _____, 1937

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) H. J. Trumwell, M. D.
(Address) Belleville Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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