JAN 26 1938

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

Do not use this space.

1. PLACE OF DEATH
County: BUCHANAN
Township: WASHINGTON
City: ST. JOSEPH, (No. ST. JOSEPH HOSPITAL St. Ward)

Registration District No. 85
Primary Registration District No. 1001

File No. 44819
Registered No. 1424

2. FULL NAME: ROLLA ROY RAMEY

(a) Residence, No. 2918 CORNELL AVENUE, St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 29 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: SINGLE

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): NOVEMBER 17, 1870

7. AGE: YEARS 67 | MONTHS 1 | DAYS 11 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: GARDNER AND YARDMAN
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: NATE BLOCK
10. Date deceased last worked at this occupation (month and year): UNK
11. Total time (years) spent in this occupation: UNK

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): PATTONSBURG, MO.

FATHER
13. NAME: HENRY RAMEY
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): PATTONSBURG, MO.

MOTHER
15. MAIDEN NAME: ELIZABETH MCGINLEY,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ALBANY, MISSOURI

17. INFORMANT: MRS. ELIZABETH BIRD, MOTHER
(ADDRESS) ST. JOSEPH, MISSOURI.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: PATTONSBURG, MO. DATE: DEC. 29, 1937.

19. UNDERTAKER: FLEEMAN & SON INC.
(ADDRESS) 1946 COLHOUN ST. ST. JOSEPH, MO.

20. FILED: 12/28, 1937 W. J. Hirschbach
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): DEC. 28, 1937., 19

22. I HEREBY CERTIFY, That I attended deceased from Dec. 11th, 1937, to Dec 28-1937, 19
I last saw him alive on Dec 27, 1937. Death is said to have occurred on the date stated above, at 1:15 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
First, Second & Third Degree Burns.	
Other contributory causes of importance: Albumin Albuminuria	3

Name of operation: Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury, 12/11, 1937
Where did injury occur? Home (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury: Clothes caught on fire
Nature of injury: Burning Legs, Arms, Face, Back & Legs
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Owen L. Young, M. D.
(Address) 303 Corby Patee Bldg

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.