

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Blue
City Fairmount

Registration District No. 398
Primary Registration District No. 3554
(No. 120 South Willow)

File No. 45597
Registered No. 414
St. _____ Ward _____

2. FULL NAME

Margie A. Ransier
(a) Residence, No. 120 So. Willow 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 3-1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____hra. or _____min.
81 7 12

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. retired farmer
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) Linn Co, Iowa

MOTHER 13. NAME George Ransier

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

15. MAIDEN NAME Lizzie Viol

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

17. INFORMANT (ADDRESS) Wilbur Ransier

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Paul, Mo DATE Dec 18 1937

19. UNDERTAKER (ADDRESS) George P. Carson

20. FILED 12-18-1937 J. L. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 15 1937

22. HEREBY CERTIFY, That I attended deceased from Dec 15 1937 to Dec 15 1937

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 1 P. m.

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

chronic myocarditis Date of onset _____

Other contributory causes of importance:

senility

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? W

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.

Character of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Fred W. Cook M. D.
(Address) Fairmount, 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.

Dr. Hink