

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

Do not use this space.

2889

1. PLACE OF DEATH
 496 County Henney Registration District No. 347²
 Township Clinton Primary Registration District No. 30FB
 City Clinton (No) St. _____ Ward _____
 2. FULL NAME Ella Ragland 245
 (a) Residence, No. Clinton Mo Ward _____
 (Usual place of abode) _____
 Length of residence in city or town where death occurred 5 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frank Ragland
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-8-1872
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 6 23
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
 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 Life
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clinton Mo
 FATHER
 13. NAME John Whitford Middleoff
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maryland
 MOTHER
 15. MAIDEN NAME Elizabeth Laird
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois
 17. INFORMANT (ADDRESS) H.R. Ragland Clinton Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Seay's Chapel DATE 2-2-38
 19. UNDERTAKER (ADDRESS) Frank Wilkerson Clinton Mo
 20. FILED 2-8-38 J.R. Hampton Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 31 1938
 22. I HEREBY CERTIFY That I attended deceased from Sept 1, 1937, to 2-21, 1938
 I last saw her alive on 2-31, 1938. Death is said to have occurred on the date stated above, at 2:10 pm.
 The principal cause of death and related causes of importance were as follows:
Chronic nephritis with edema Date of onset 6-1-27
 Other contributory causes of importance: 151
 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? No
 If so, specify _____
 (Signed) E. G. Walker _____, M. D.
 (Address) Clinton Mo

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

RECEIVED

FEB 24 1938

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MO. STATE BOARD OF HEALTH