

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

Do not use this space.

3251

1. PLACE OF DEATH
 County Lafayette Registration District No. 461
 Township Lexington Primary Registration District No. 5625
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME John Alfred Ransdell 523
 (a) Residence, No. _____ 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Ma. 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 25, 1937
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
3 9
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
 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 _____

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 3, 1938 1938
 22. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1938 to Jan 3, 1938
 I last saw him alive on Jan. 3, 1938 Death is said to have occurred on the date stated above, at 12:30 p. m.
 The principal cause of death and related causes of importance were as follows:
 Date of onset _____

Greatly enlarged liver with obstruction of duct from some cause possibly syphilis

Other contributory causes of importance: mix

12. BIRTHPLACE (CITY OR TOWN) Lexington, Mo.
 (STATE OR COUNTRY) _____
 13. NAME Alfred Ransdell
 14. BIRTHPLACE (CITY OR TOWN) Warsaw, Mo.
 (STATE OR COUNTRY) _____
 15. MAIDEN NAME Martha Bell
 16. BIRTHPLACE (CITY OR TOWN) Carrollton, Mo.
 (STATE OR COUNTRY) _____
 17. INFORMANT Alfred Ransdell
 (ADDRESS) Lexington, Mo
 18. BURIAL, CREMATION, OR REMOVAL
 PLACE Lexington, Mo DATE Jan. 4, 1938

Name of operation _____ Date of _____
 What test confirmed diagnosis? no 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 _____

19. UNDERTAKER Winkler
 (ADDRESS) Lexington, Mo
 20. FILED Jan 4, 1938 John B. Dator
 Registrar. 414

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) J. B. Cape _____, M. D.
 (Address) Lexington

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.

RECEIVED

FEB 25 1938

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