

REC'D MAR 23 1938

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

Do not use this space.

86

## 1. PLACE OF DEATH

County Putnam  
Township Elm  
City (No. \_\_\_\_\_) \_\_\_\_\_

Registration District No. 719  
Primary Registration District No. 5950

File No. 7892  
Registered No. 5  
St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

Addie Ramsey 520

(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

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (with the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-1-1903

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
34 7 25

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

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) Tennessee13. NAME J. R. McDonald14. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) Tennessee15. MAIDEN NAME Anna Yearber16. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) Tennessee17. INFORMANT OF (ADDRESS) Fred Ramsey18. BURIAL, CREMATION, OR REMOVAL PLACE Rose Care DATE Feb 27 193819. UNDERTAKER (ADDRESS) F. D. Huston & Son20. FILED March 9, 1938 Mamie Martin Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 26 193822. I HEREBY CERTIFY, That I attended deceased from Jan - 1938 to Feb - 26 - 1938I last saw him alive on Jan - 25 - 1938 Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

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

Splenic Luehemia Date of onset \_\_\_\_\_72

Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Blood Was there an autopsy? NO

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? yes If so, specify \_\_\_\_\_(Signed) P. P. Hart, M. D. (Address) 646

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.

