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.

REC'D MAY 17 1938

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

Do not use this space.

14357

3

1. PLACE OF DEATH
County ~~XXXXXXXXXX~~ Clay — Registration District No. 198 — File No. 49
Township Fishing River — Primary Registration District No. 3011 — Registered No.
City Excelsior Springs, Mo. (No. Veterans Administration St. Ward)

2. FULL NAME RATLIFF, John T. 341
(a) Residence, No. Veterans Administration St., Ward. Kirksville, Missouri
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 29 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Mamie Ratliff

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 25, 1876

7. AGE: YEARS 61 — MONTHS 6 — DAYS 16 — If LESS than 1 day, ... hrs. or ..... min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Speery, Missouri

FATHER
13. NAME David C. Ratliff
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

MOTHER
15. MAIDEN NAME Hebzibah Waddill
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT (ADDRESS) Hospital Records

18. BURIAL, CREMATION, OR REMOVAL
PLACE Kirksville, Mo. DATE 4-10-38, 19

19. UNDERTAKER (ADDRESS) John C. Prather
Excelsior Springs, Mo.

20. FILED Apr. 11, 1938 Lorena McCracken Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 13, 1938, to April 9, 1938
I last saw him alive on April 9, 1938. Death is said to have occurred on the date stated above, at 4:00 p.m.
The principal cause of death and related causes of importance were as follows:

Syphilis, cerebro-spinal — Date of onset

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Other contributory causes of importance:
Prostatitis

Name of operation None — Date of
What test confirmed diagnosis? Exam. Inc. Obs. — 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? Unknown
If so, specify John E. Kelly
(Signed) JOHN E. KELLY, M.D., Manager, M. D.
(Address) Veterans Administration
Excelsior Springs, Mo.