

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 JUN 14 1938

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

File No. 17728

Township

Primary Registration District No. 1001

Registered No. 503

City St Joseph Mo

(No. )

Mo. Methodist Hosp

St. Ward)

2. FULL NAME Lester Ramseier 526

(a) Residence, No. Route #1 St Joseph, Mo. 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. 11 ds.

yrs.

mos.

11 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)

Infant

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

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6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 26, 1938

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, .....hrs. or .....min.

0

0

11

OCCUPATION

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

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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) St Joseph, Mo

(STATE OR COUNTRY)

13. NAME Everett Ramseier

14. BIRTHPLACE (CITY OR TOWN) Troy, Kans

(STATE OR COUNTRY)

15. MAIDEN NAME Mildred Schwope

16. BIRTHPLACE (CITY OR TOWN) Falls City, Mo

(STATE OR COUNTRY)

17. INFORMANT Everett Ramsier

(ADDRESS) Rt 1 St Joseph, Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Troy Kans

DATE May 7, 1938

19. UNDERTAKER Walter Meierhoffer

(ADDRESS) St Joseph Mo

20. FILED 5-7-38

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 7<sup>th</sup>, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 26<sup>th</sup>, 1938, to May 7<sup>th</sup>, 1938

I last saw him alive on May 6<sup>th</sup>, 1938. Death is said to have occurred on the date stated above, at 2 a. m.

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

Failure of Foramen Ovale to close

Date of onset

Apr 26 1938

Other contributory causes of importance: 15% C

Name of operation none

Date of

What test confirmed diagnosis? 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? No

If so, specify

(Signed)

John H. Swails, M. D.  
Wathena, Kansas

(Address)

