

REC'D JUN 14 1938

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

17802

Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85
 (b) Township..... Primary Registration District No. 1001 Registered No. 578
 (c) City St. Joseph (d) Street No. St. Joseph's Hospital St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 4 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Della Maude Ratcliff 924
 (a) Residence, No. 3139 Felix St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 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 Charles M. Ratcliff
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 11, 1883

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
54 9 18

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as 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) Agency Missouri

13. NAME William Deatherage

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Agency Missouri

15. MAIDEN NAME Anna Foster

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Taos Missouri

17. INFORMANT (ADDRESS) Charles M. Ratcliff
3139 Felix St. St. Joseph Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Agency Mo. Cem. DATE May 31, 1938

19. FUNERAL DIRECTOR (ADDRESS) Heaton-BeGole & Bowman
St. Joseph, Mo.

20. FILED 5/31, 1938 A. J. Nestor
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 21, 1938, to May 29, 1938.

I last saw h. live on May 27, 1938. Death is said to have occurred on the date stated above, at 12:15 p.m.

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

General Pericarditis from infected cut on hand Date of onset March 21

Other contributory causes of importance: None 185

Name of operation None Date of May 29

What test confirmed diagnosis Throat Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury do not know

Where did injury occur? St. Joseph Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury In home

Nature of injury I do not know

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify.

(Signed) John J. Brown, M. D.

(Address) St. Joseph Mo

STATEMENT BY LICENSED EMBALMER

I, W. E. Summerfield, Licensed Embalmer No. 3007

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself May 29, 1938

L. E.

No. _____ or by _____ Registered Apprentice No. _____

working under my personal supervision.

Signed W. E. Summerfield

Licensed Embalmer No. 3007

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)