

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

Do not use this space.

REC'D JUN 16 1938

1. PLACE OF DEATH

County Callaway Registration District No. 103 File No. 17870
 Township Jackson Primary Registration District No. 4062 Registered No. 2
 City Roubidoux (No.) St. Ward (.....)

2. FULL NAME Annie E. Ramsey

(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 (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 25, 1850

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
88 0 10

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
 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) R. Monaca Co. 1 W. Va.

MOTHER FATHER 13. NAME J. W. Browley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va.

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT Henry Ramsey Okmaha Neb.
 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Jonesburg Mo. DATE June 8 38

19. UNDERTAKER Hughes Malibu
 (ADDRESS) Roubidoux Mo.

20. FILED 6-6 1938 W. B. Nebels
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-5, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1934, to June 5, 1938

I last saw her alive on June 5, 1938. Death is said to have occurred on the date stated above, at 11:00 P.M.

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

Hypostatic pneumonia Date of onset June 4
Myocardial insufficiency
and senility.

Other contributory causes of importance: 9:30 P.M.

Name of operation 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) Plarence A. Went No.

(Address) any case, Mo.

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