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 10 1938

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

Do not use this space.

1. PLACE OF DEATH

County Callaway Co. Registration District No. 105 File No. 17903

Township Auxvasse. Primary Registration District No. 5155 Registered No. 11

City ..... (No. ..... , ... St. ..... Ward)

2. FULL NAME William Ramer, 560

(a) Residence, No. Portland, Mo. RFD St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 23rd 1872

7. AGE: 66 YEARS, 2 MONTHS, 1 DAYS. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm Labor

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) Unknown Warren Co, Mo. 0

FATHER

13. NAME John H. Ramer, 6

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Germany 6

MOTHER

15. MAIDEN NAME Fredrica Rhamson,

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

17. INFORMANT (ADDRESS) Mrs Geo Elsenrath, Portland, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Patricks Cemetery DATE May 26th 1938

19. UNDERTAKER (ADDRESS) Barton Baker, Americus, Mo.

20. FILED 2/26/ 1938 W H Williamson Registrar. 107

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 24th 1938 8

22. I HEREBY CERTIFY, That I attended deceased from Sept. 15, 1936, 19 to Mar. 22, 1938, 19

I last saw h..... alive on aNot. PrOf sensece May 19 Death is said to have occurred on the date stated above, at 9-15 PM

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

Myocarditis

131-

Date of onset

Other contributory causes of importance:

Chronic Nephritis

Chr. Nephritis

Name of operation None Date of

What test confirmed diagnosis? Phisic 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?

If so, specify No

(Signed) A. D. Bridges, M. D.

(Address) Portland Mo.