

REC'D FEB 11 1939

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

2371

Do not use this space.

1. PLACE OF DEATH

(a) County Greene Registration District No. 321
(b) Township Clay Primary Registration District No. 5444 Registered No. 67
(c) City Galloway, Mo. (d) Street No. Galloway, Mo. 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME ³⁶⁰ Zerma Mable Ratterree

(a) Residence, No. Galloway, Mo. 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 Lee Ratterree

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 15 1911

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
27 2 17

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Houserife
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) Dora Missouri

FATHER 13. NAME Geo. Dobbs

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

MOTHER 15. MAIDEN NAME Susie Long

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sheridan County Missouri

17. INFORMANT (ADDRESS) Mrs. S. E. Dobbs

18. BURIAL, CREMATION, OR REMOVAL PLACE Dora, Mo. DATE 2/1/39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Herman H. Lommeyer Springfield, Missouri

20. FILED Feb. 8 1939 Mrs. Pearl Hughes Mitchell Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 30 1939

22. I HEREBY CERTIFY, That I attended deceased from 1-16-1939 to 1-30-1939

I last saw h. u. alive on 1-30-1939. Death is said to have occurred on the date stated above, at 3:30 m.
The principal cause of death and related causes of importance were as follows:

Plu 11/30

Other contributory causes of importance: Infected Intestinal Tract

Name of operation..... Date of.....
What test confirmed diagnosis?..... 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? Yes
If so, specify..... (Signed) W. Kelly, M. D.

(Address) Springfield, Mo.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.)

If this body is not embalmed, above space should be left blank.