

1939 FEB 25 1939

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

Do not use this space.

3423

1. PLACE OF DEATH

County Pettis
Township Green Ridge
City Green Ridge (No. _____, St. _____, Ward _____)

Registration District No. 664
Primary Registration District No. 4397

File No. _____
Registered No. 1

2. FULL NAME

MINTIE-FLORENCE MOSLEY, RAGAR

(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 _____ 4. COLOR OR RACE _____ 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF G. H. RAGAR

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 4-1883

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
55 4 24

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Keeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Her Own Home
10. Date deceased last worked at this occupation (month and year) Jan 1939 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Osley, Johnson Co Mo

13. NAME W. H. Mosley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Johnson Co Mo

15. MAIDEN NAME Katherine Larsson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Henry Co Mo

17. INFORMANT G. H. Ragar (ADDRESS) Green Ridge 110

18. BURIAL, CREMATION, OR REMOVAL, PLACE Missionary Point DATE Jan 29 1939

19. UNDERTAKER C. B. Shelley (ADDRESS) Green Ridge Mo

20. FILED Jan 28 1939, C. B. Shelley Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 28 1939

22. I HEREBY CERTIFY That I attended deceased from Sept 15 1938 to Jan 28 1939

I last saw her alive on Jan 27 1939. Death is said to have occurred on the date stated above, at 2:45 P.M.

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

Carcinoma of the Cervix

Other contributory causes of importance: 45

Name of operation _____ Date of _____

What test confirmed diagnosis? Clinical 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) H. A. Hite, M. D.

(Address) Green Ridge Mo

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 7/9/39

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

3423
Do not use this space.

1. PLACE OF DEATH

(a) County Pettis Registration District No. 664
 (b) Township _____ Primary Registration District No. 4397
 (c) City Green Ridge (d) Street No. _____ St. _____
 (e) Length of residence in city or town where death occurred _____ (If death occurred in Hospital or Institution, write its name instead of street and number)
 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Minnie Florence Mosley Ragas

(a) Residence, No. _____ 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 Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Garland Ragas
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 4, 1883
 7. AGE YEARS 55 MONTHS 4 DAYS 24 If LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House Keeper
 9. Industry or business in which work was done, as saw mill, bank, etc. Her Own
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Dwight Johnson Mo (STATE OR COUNTRY) Mo

13. NAME W. F. Mosley

14. BIRTHPLACE (CITY OR TOWN) Johnson Co Mo (STATE OR COUNTRY) Mo

15. MAIDEN NAME Kathens Johnson

16. BIRTHPLACE (CITY OR TOWN) Johnson Co Mo (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) D. H. Ragas Green Ridge Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Nealby Mount DATE Jan 29 1939

19. FUNERAL DIRECTOR (ADDRESS) D. R. Shelley Green Ridge Mo

20. FILED Jan 28 1939 D. R. Shelley Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-28 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 15 1935 to Jan 28 1939
 I last saw him alive on Jan 27 1939. Death is said to have occurred on the date stated above, at 12:30 m.
 The principal cause of death and related causes of importance were as follows:

Basilar meningitis of the cerebellum
 Date of onset _____
 Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical 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? Yes
 If so, specify _____ (Signed) H. P. Hite, M. D.
 (Address) Green Ridge Mo

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. THE STATE OF MISSOURI IS A FIDUCIARY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

