

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

DEED MAR 8 1939

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

Do not use this space.

5766

1. PLACE OF DEATH
 4 County Madison Registration District No. 26
 4 Township S. Dix River Primary Registration District No. 3002
 2 City Mexico (No. 420 E. Beckwidge) St. _____ Ward _____
 2 520 Thomas Ramsey
 2. FULL NAME
 (a) Residence, No. 420 E. Beckwidge Ward. _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

File No. _____
 Registered No. 17
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE Colored 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) 11-16-1863
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
75 2 15
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as planner, sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. TRUCKMAN
 10. Date deceased last worked at this occupation (month and year) Jan. 1939 11. Total time (years) spent in this occupation. 2
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisville Ky
 FATHER
 13. NAME Thomas Ramsey
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisville Ky
 MOTHER
 15. MAIDEN NAME W. N. W. N.
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky
 17. INFORMANT Mrs. Carrie Town (ADDRESS)
 18. BURIAL, CREMATION, OR REMOVAL PLACE Elmwood cema DATE 2-4 1939
 19. UNDERTAKER A. H. Reynolds Jr (ADDRESS) MEXICO - MO
 20. FILED Feb 2 1939 Blanche Neely Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-1-39
 22. I HEREBY CERTIFY, That I attended deceased from 1-20, 1938, to 2-1-, 1939
 I last saw him live on 2-1-, 1939 Death is said to have occurred on the date stated above, at 7 A. m.
 The principal cause of death and related causes of importance were as follows:
Carcinoma of liver Date of onset _____
51
 Other contributory causes of importance:
Carcinoma of prostate
 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) A. H. Cato, M. D.
23 (Address) Mexico, Mo

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