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.

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

Do not use this space.

11731

1. PLACE OF DEATH
County Jackson — Registration District No. 399
Township Kansas — Primary Registration District No. 1002
City K.C. — (No. 1834 Belleview St. Ward)

File No. 1525
Registered No.

2. FULL NAME Elmer Ramsey
(a) Residence. No. 1834 Belleview 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: Male
4. COLOR OR RACE: wh
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): March 14-1905

7. AGE: Years 22 — Months - — Days 26 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Barber — 115A 560
(b) General nature of industry, business, or establishment in which employed (or employer): 4
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

PARENTS
10. NAME OF FATHER: J. L. Ramsey
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Mo
12. MAIDEN NAME OF MOTHER: Martha Foster
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Mo

14. INFORMANT: J. L. Ramsey
(Address) 1834 Belleview

15. FILED 4/11, 1927 M. M. Crowe Asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR): April 10 1927

17. I HEREBY CERTIFY, That I attended deceased from Mar 26, 1927, to April 9, 1927 that I last saw him alive on April 9, 1927, and that death occurred, on the date stated above, at 4:30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute rheumatic endocarditis and myocarditis
(duration) yrs. mos. 18 ds.

CONTRIBUTORY (SECONDARY): Tonsilitis
(duration) yrs. mos. ds.

10982

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? no. DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) D. P. Klepinger, M. D.
April 11, 1927 (Address) 2322 Summit St

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Thayer Mo — DATE OF BURIAL: April 11 1927

20. UNDERTAKER: John A. Muser — ADDRESS: 1415 E 15

Dr D.P. Kleiningen
Of 2324 Summit Hon 3697

Res 4230 Bell West Pa 2816