JAN 23 1929

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

Do not use this space.

DV 41445

1. PLACE OF DEATH
County Johnson — Registration District No. 431 — File No.
Township Warrensburg — Primary Registration District No. 3023 — Registered No.
City Warrensburg (No. ..... St. ..... Ward)

2. FULL NAME Floyd Ralph
(a) Residence. No. 410 North Main St., 1st 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. 3 mos. — ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: lest
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec-31-1886

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
41	11	30	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Labor
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Ray County
(STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER Charles Ralph
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ray Co
(STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER Mary King
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ray Co
(STATE OR COUNTRY) Mo.

14. INFORMANT Wm Belle Ralph
(Address) 410 N. Main Wbg. Mo

15. FILED Jan 7, 1929 Wm R. Patterson U.C. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 30 1928

17. I HEREBY CERTIFY That I attended deceased from Oct 8, 1928, to Dec 30, 1928 that I last saw him alive on Dec 30, 1928 and that death occurred, on the date stated above, at 4 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Endocarditis
(duration) yrs. 2 mos. ds.
CONTRIBUTORY (SECONDARY) Pleurisy
(duration) yrs. 1 mos. ds.

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? Casual
(Signed) Wm E. Johnson, M. D
Dec 30, 1928 (Address) Warrensburg Mo

*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: Mount Olive — DATE OF BURIAL: Jan-1 1929

20. UNDERTAKER: Surrey-Gore — ADDRESS: Warrensburg Mo

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.