

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

Do not use this space.

11955

1. PLACE OF DEATH

County Randolph Registration District No. 735
Sugar Creek Primary Registration District No. 3034
 City Robbery (No. 419) Cleveland Ave St. _____ (Ward) _____
 Registered No. 48

2. FULL NAME

Mrs. Mandette Ransdell
 (a) Residence, No. 419 Cleveland Ave, _____ 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female **4. COLOR OR RACE** white **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED
 HUSBAND OF Carl Ransdell
 (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 13, 1891
7. AGE YEARS 37 MONTHS 9 DAYS 19 IF LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Housekeeper
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howard County Mo.
10. NAME OF FATHER Will Palmetory
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Howard County Mo.
12. MAIDEN NAME OF MOTHER Annie Dougherty
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Howard County

14. INFORMANT Mrs. E. D. Foley
 (Address) 506 E. Logan Robbery

15. FILED 3/13, 1929 Dr. Hos' Fleming
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 2 1929
17. I HEREBY CERTIFY That I attended deceased from _____, 19____, to Mar 2, 1929, that I last saw h. or alive on Mar 2, 1929, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary T. B.
2 1/2 H.
CONTRIBUTORY (SECONDARY) 31
 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH _____
19. DID AN OPERATION PRECEDE DEATH _____ DATE OF _____
20. WAS THERE AN AUTOPSY _____
WHAT TEST CONFIRMED DIAGNOSIS
 (Signed) M. B. English, M. D.
3/5, 1929 (Address) Robbery, 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 New Hope Howard Co. Mo. **DATE OF BURIAL** Mar 19 1929

20. UNDERTAKER G. C. Minor **ADDRESS** Robbery

N. R.—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.

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APR 30 1929

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PARENTS

