

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

Do not use this space.

2054
117

1. PLACE OF DEATH
 City Newton Registration District No. 609
 Township _____ Primary Registration District No. 4363
 City Neesho (No) _____ St. _____ Ward _____

2. FULL NAME Albert G Ratliff
 (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 Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write the word*) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF May Ratliff

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 27, 1846

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>83</u>	<u>11</u>	<u>17</u>	

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

9. BIRTHPLACE (CITY OR TOWN) Princeton
 (STATE OR COUNTRY) Kentucky

10. NAME OF FATHER R. B. Ratliff

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
 (STATE OR COUNTRY) Don't know

12. MAIDEN NAME OF MOTHER Mollie Knight

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
 (STATE OR COUNTRY) Don't know

14. INFORMANT Phil Ratliff
 (Address) Neesho Mo

15. FILED 1/30, 1930 L. E. Maures
 REGISTRAR
L. M.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 15 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 4, 1930, to Jan 15, 1930 that I last saw him alive on Jan 15, 1930, and that death occurred, on the date stated above, at 10 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Arterio-sclerosis
97 Senility
 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) NO
 (duration) yrs. 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? _____

(Signed) J. F. Z. [unclear], M. D.

1/17, 1930 (Address) Neesho 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 2007 Cemetery DATE OF BURIAL 1-17 1930

20. UNDERTAKER Dyham's ADDRESS Neesho

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.

FEB 19 1930

