OCT 28 1930

19206-B

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

Do not use this space.

19206-B

1. PLACE OF DEATH

County: Green — Registration District No. 321

Township: Washington — Primary Registration District No. 5343

City ..... (No. ....., ... St. ..... Ward)

File No. .....

Registered No. 10

2. FULL NAME Betty Jean Ramsey

(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: Female

4. COLOR OR RACE: White

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): April 12, 1930

7. AGE: Years ..... Months 3 Days 15 — If LESS than 1 day, ... hrs. or ..... min.

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

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

PARENTS

10. NAME OF FATHER Everett Ramsey

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Green Co. Mo.

12. MAIDEN NAME OF MOTHER Lucy Crater

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Aurora Mo.
(STATE OR COUNTRY)

14. INFORMANT Everett Ramsey
(Address) Rogersville Mo.

15. FILED 9/13 1930 H. L. Turner
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 27 1930

17. I HEREBY CERTIFY, That I attended deceased from June 27, 1930, to June 29, 1930, that I last saw her alive on June 27, 1930 and that death occurred, on the date stated above, at 4 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute pulmonary Congestion

(duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (SECONDARY) .....
(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? None

(Signed) L. C. Hall M. D.

June 30 1930 (Address) Rogersville 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: Holland Cemetery — DATE OF BURIAL: June 28 1930

20. UNDERTAKER: Rogersville Undt Co — ADDRESS: Rogersville Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.