

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

Do not use this space.

39993

JAN 20 1937

PLACE OF DEATH

County Lawrence
Township Brookfield, Mo.
City Brookfield, Mo.

Registration District No. 496
Primary Registration District No. 3025

File No. _____
Registered No. 100
St. _____ Ward) _____

2. FULL NAME

(a) Residence. No. 902 Lincoln 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 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 25 1936

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James R Ramsey deceased

17. I HEREBY CERTIFY, That I attended deceased from 18 1936 to Dec 25 1936 that I last saw him alive on Dec 24, 1936, and that death occurred, on the date stated above, at 9.30 p.m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 3 - 1844

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
86 5 23

Cerebral Hemorrhage
82A (Cystic)
(duration) yrs. mos. ds. 5

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

CONTRIBUTORY (SECONDARY) None
(duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Green Co Ark
Posy Co Ind

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH

10. NAME OF FATHER Barton R Bryan

9 DID AN OPERATION PRECEDE DEATH? None DATE OF _____

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Indianapolis Ind

WAS THERE AN AUTOPSY? no

12. MAIDEN NAME OF MOTHER Mary E Crose

WHAT TEST CONFIRMED DIAGNOSIS med methods
(Signed) Robert J. Haley, M.D.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Do not know Scotland

, 19 (Address) Brookfield, Mo.

14. INFORMANT R.A. Ramsey
(Address) Lawrence

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Rose Hill Cemetery DATE OF BURIAL 12/27/36

15. FILED 12/27, 1936 Bessie M. Fox
Deputy REGISTRAR

20. UNDERTAKER Hunter, Rollins ADDRESS Brookfield

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

