

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

Do not use this space.

20276

1. PLACE OF DEATH

County Shelby Registration District No. 931
Township North River Primary Registration District No. 6093
City..... St. Ward)

File No.....
Registered No.....

2. FULL NAME

Felike S. M. Ragas
(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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 7-26-1849

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
81 9 11

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Retired farmer
(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) Kentucky

PARENTS

10. NAME OF FATHER William Ragas

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

12. MAIDEN NAME OF MOTHER Morgan

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

14. INFORMANT Henry Ragas
(Address) Emblem Missouri

15. FILED May 8 1931 Emmett G. Howerton
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 7 19 31

17. I HEREBY CERTIFY, That I attended deceased from Jan 3, 1931, to May 7, 1931, that I last saw him alive on May 2, 1931, and that death occurred, on the date stated above, at 2-30 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

chronic interstitial nephritis

131 (duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) none
(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. Rhodes, M. D.

, 19 (Address) Philadelphia, 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 Ragas Cemetery DATE OF BURIAL May 8 1931

20. UNDERTAKER B. M. Allen ADDRESS Phila. Mo.

N. B.—Every item of information on this CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUN 29 1931

