

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

Do not use this space.

21520

1. PLACE OF DEATH

County Jackson
Township Kan
City Kansas City (No. _____)

399

Registration District No. _____
Primary Registration District No. 100
(No. Mercy Hospital)

File No. _____
Registered No. 2055
St. _____ Ward _____

2. FULL NAME

Betty Marie Ramsey
(a) Residence. No. 826 E. 21st. St. _____ Ward. North Kansas City, Mo
(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 F 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 14, 1930

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 _____ 3

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer) Infant
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) N. K. City, Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER Ernest Ramsey

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

12. MAIDEN NAME OF MOTHER Della. Wuh

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

14. INFORMANT Record Clerk
(Address) Mercy Hosp.

15. FILED 6/17, 31 Th. M. Craine
_____ REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 17 1931

17. I HEREBY CERTIFY, That I attended deceased from June 16, 1931, to June 17, 1931
that I last saw h. or alive on June 17, 1931, and that death occurred, on the date stated above, at 9:24 pm. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pernicious Anemia
7/10 (duration) yrs. 2 mos. ds.

CONTRIBUTORY (SECONDARY) Dehydration
(duration) yrs. mos. 21 ds.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Appearance + autopsy
(Signed) Sedley D. Parker, M. D.

June 17, 1931 (Address) Mercy Hosp.

*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 North Kansas City Mo DATE OF BURIAL 6/18 1931

20. UNDERTAKER Morton & Co. ADDRESS N. K. C. Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

