

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

Do not use this space.

37297
52

1. PLACE OF DEATH

County Dunklin
Township Beaufort
City Cardwell (No.)

Registration District No. 283
Primary Registration District No. H167

File No.
Registered No.
St. Ward)

2. FULL NAME

Will Ragsdale

(a) Residence, No. St., Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 25, 1902

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
29 5 18

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cardwell, Mo.

13. NAME W. E. Ragsdale

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark

15. MAIDEN NAME Brah Howe

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

17. INFORMANT (ADDRESS) Grace Bohannon
Cardwell Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Cardwell, Mo. DATE 11/19 1931

19. UNDERTAKER (ADDRESS) Howard Henderson
Cardwell Mo

20. FILED Nov 18 1931 M. G. Moore Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 18 1931

22. I HEREBY CERTIFY, That I attended deceased from unattended by doctor 1931

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at..... m.

The principal cause of death and related causes of importance were as follows:

Overdose of carbolic acid with suicidal intent (verdict of coroners jury)

Other contributory causes of importance: 163-0 / 63

(1) Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury..... Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? If so, specify.....

(Signed) J. J. Braden, Col. M. D.
Kennett Mo. (Address)

DEC 21 1931

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

