

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

Do not use this space.

20012  
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**1. PLACE OF DEATH**

55

County Lawrence  
Township Curce  
City..... (No..... Ward)

Registration District No. 471  
Primary Registration District No. 5634

File No.....  
Registered No. 19 St. .... Ward)

**2. FULL NAME**

Kenneth Edward Ramsey

(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**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 3, 1932</u>		
7. AGE	YEARS	MONTHS
		DAYS
		If LESS than 1 day, 19 hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Infant</u>	
	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) <u>Infant</u>	
	11. Total time (years) spent in this occupation <u>5</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lawrence County, Mo.</u>		
FATHER	13. NAME <u>Orrin Ramsey</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis, Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Jula Mae Jenkins</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo. Mo.</u>	
17. INFORMANT (ADDRESS) <u>Orrin Ramsey</u>		
18. BURIAL, CREMATION, OR REMOVAL		
PLACE <u>St. Louis, Mo.</u> DATE <u>June 6, 1932</u>		
19. UNDERTAKER (ADDRESS) <u>William Ramsey</u>		
20. FILED <u>6-7-1932</u> <u>H. W. Clark</u> Registrar		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-7-1932

22. HEREBY CERTIFY That I attended deceased from June 3rd, 1932, to June 6th, 1932. I last saw him alive on June 3rd, 1932. Death is said to have occurred on the date stated above, at 6:30 a.m.. The principal cause of death and related causes of importance were as follows:  
Selective hard failure of organ at birth

Date of onset

Other contributory causes of importance:  
1510 10

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

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify.....  
(Signed) Dr. E. M. Clark, M. D.  
(Address) Mo. Mo.

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.

JUN 25 1932

