

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

Do not use this space.

34601

1. PLACE OF DEATH

114 County Washington Registration District No. 908
Township North Grove Primary Registration District No. 6222
City (No.) St. Ward)

File No.
Registered No. 37

2. FULL NAME

Martha May Ragasin
(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 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 22-1860
7. AGE YEARS 72 MONTHS 2 DAYS 1
If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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 131 yrs. 95 mos. 16 ds.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Permi 2

13. NAME David Ragasin

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

15. MAIDEN NAME Melinda Hampton

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

17. INFORMANT John A. Ragasin
(ADDRESS) 1001 3rd St. No. 6

18. BURIAL, CREMATION, OR REMOVAL PLACE Hill Crest DATE 10-24-1932

19. UNDERTAKER Bethann Jones Home for Suffering
(ADDRESS) 1001 3rd St. No. 6

20. FILED 10/24 1932 J. H. Hubbard
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 23, 1932

22. I HEREBY CERTIFY, That I attended deceased from May, 1931, to Oct 23, 1932.

I last saw her alive on Oct 15, 1932. Death is said to have occurred on the date stated above, at 1:30 p. m.

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

Chronic nephritis & cardiac insufficiency with hypertrophy of aorta
131

Other contributory causes of importance: Her feet 25 yrs are invalided

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. H. Hubbard
(Address) 1001 3rd St. No. 6

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.

NOV 20 1932

10-11-68