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

Do not use this space.

1159

File No.
Registered No. 126

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City (No. 3710 Garfield St. 0002 Ward)
Registration District No. 299
Primary Registration District No.

2. FULL NAME Tillman H. Rams

(a) Residence, No. 3710 Garfield 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 22, 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	1	17	

OCCUPATION

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

FATHER

13. NAME Tillman Rams
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME Maria Wieman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Mrs. Emily Rams
(ADDRESS) 3710 Garfield

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Moriah DATE 1/11 1934

19. UNDERTAKER Stine & McCluney
(ADDRESS) 3225 Gillham Plaza

20. FILED Jan. 10, 1934 M. M. Crowe
Asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 9, 1934

22. I HEREBY CERTIFY, That I attended deceased from June, 1933, to January 9, 1934
I last saw him alive on , 19 . Death is said to have occurred on the date stated above, at 3:25 A. M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
The 3d. Cerebral Hemorrhage in 2½ months.	
45D 45B 45A	

Other contributory causes of importance: Sarcoma of lower jaw and tongue & but bodies infected
Primary jaw infiltration

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? no
If so, specify
(Signed) E. J. Palmer M. D.
(Address) Hyde Park Bldg. K.C. 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.

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

FEB 2 1934

Dr [illegible]

[illegible] 2 to 4

2 - E. [illegible]