

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.

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

Do not use this space.

Dr. Sullyman
MAR 24 1934

64 PLACE OF DEATH
 County Marion Registration District No. 547 File No. 5731
 Township Mass Primary Registration District No. 3279 Registered No. 68
 City Hannibal (No. St. Elizabeth Hospital) St. 6 Ward) (If nonresident, give city or town and State)
 2. FULL NAME Richard Ragland
 (a) Residence, No. Slasew Mo. St. Slasew Mo. Ward. Slasew Mo.
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. 1 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 13 - 1934
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 12
 OCCUPATION
 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) Hannibal Mo.
 MOTHER FATHER
 13. NAME Francis P. Ragland
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monroe City Mo.
 15. MAIDEN NAME Stella Young
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kull Del.
 17. INFORMANT Francis P. Ragland
 (ADDRESS) Slasew Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Marble Creek Embury Feb. 27 - 1934
 19. UNDERTAKER Ray G. Schmidt
 (ADDRESS) Hannibal Mo.
 20. FILED Feb 27 1934 R. H. Schuster
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 25 - 1934
 22. I HEREBY CERTIFY, That I attended deceased from Jan. 13 1934 to Feb 26 1934
 I last saw him alive on Feb 25 1934 Death is said to have occurred on the date stated above, at 10 P. m.
 The principal cause of death and related causes of importance were as follows:
Meningitis (pyogenic) congenital deformity
"Meningo-encephalocoele"
 Other contributory causes of importance:
154 D 158
 Name of operation _____ Date of _____
 What test confirmed diagnosis Chemical Laboratory Was there an autopsy? Partial
 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) J. Sullyman, M. D.
 (Address) Hannibal Mo.

