

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.
20440

JUL 24 1935

1. PLACE OF DEATH

County Monroe Registration District No. 582
Township Jackson Primary Registration District No. 5779
City (No. _____) St. _____ Ward _____

2. FULL NAME

Clayton Edward Ragsdale
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <input checked="" type="checkbox"/> HUSBAND OF <input type="checkbox"/> WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>5/13/1905</u>		
7. AGE	YEARS <u>30</u>	MONTHS <u>1</u>
	DAYS <u>24</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>none</u>	11. Total time (years) spent in this occupation
	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)	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Monroe Co Mo</u>		
FATHER	13. NAME <u>Clyde Ragsdale</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Monroe Co Mo</u>	
MOTHER	15. MAIDEN NAME <u>Therese Selson</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Monroe Co Mo</u>	
17. INFORMANT (ADDRESS) <u>Clyde Ragsdale</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Holiday, Mo.</u> DATE <u>June 7 1935</u>		
19. UNDERTAKER (ADDRESS) <u>Frederick Thompson</u>		
20. FILED <u>1935</u> <u>H.C. Payne</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 6 1935

22. I HEREBY CERTIFY That I attended deceased from June 4 1935 to June 6 1935
Last saw h. in alive on June 6 1935 Death is said to have occurred on the date stated above, at 8 a. m.
The principal cause of death and related causes of importance were as follows:
Injury to chest with Spasms
Date of onset _____

Other contributory causes of importance _____

Name of operation _____ Date of _____
What test confirmed diagnosis? Alibi Was there an autopsy? no

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.

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____ (Signed) Edbert Baker, M. D.
(Address) Holiday, Mo.

