

MAY 20 1936

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

Do not use this space.

14880

1. PLACE OF DEATH

County Greene
Township Cooter
City Willard Mo R 2

Registration District No. 320
Primary Registration District No. 6443

File No. 7
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Hallie Mae Ramsey

(a) Residence, No. Willard Mo R 2 St., _____ Ward. _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Roy L. Ramsey</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 1 1899</u>		
7. AGE YEARS <u>46</u>	MONTHS <u>4</u>	DAYS <u>9</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>Wife</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)
Louisville Ky

FATHER
13. NAME James B Swan
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Louisville Ky

MOTHER
15. MAIDEN NAME Statie Conrad
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Unknown Indiana

17. INFORMANT (ADDRESS)
Roy L. Ramsey Willard Mo R 2

18. BURIAL, CREMATION, OR REMOVAL
PLACE Clear Creek DATE April 12 1936

19. UNDERTAKER (ADDRESS)
F. C. Thorne Springfield Mo

20. FILED 5/11 1936 Lucy E. Hoyal Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 10 1936

22. I HEREBY CERTIFY, that I attended deceased from 4-20-36 to 4-10-36

I last saw her alive on 4-10-36 Death is said

to have occurred on the date stated above, at 5:30 m.

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

Chronic Diabetis Mellitus. Date of onset 1929

Other contributory causes of importance:
Anaemia.....

Name of operation none symptoms usual
What test confirmed diagnosis? usual Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? none Date of injury _____, 19____

Where did injury occur? none
(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) B. J. Kinale M.D., M. D.

(Address) Bois D'Arc, Missouri.

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.

