

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.

MAY 22 1936

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

Do not use this space.

16031

1. PLACE OF DEATH

County Mercer Registration District No. 553
Township Primary Registration District No. 4325
City Mercer (No. St. Ward)

2. FULL NAME

Jane Ragan
(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Calvin Ragan
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 25 - 1858
7. AGE YEARS 77 MONTHS 3 DAYS 12 If LESS than 1 day, hrs. or min.

OCCUPATION 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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

MOTHER 13. NAME Robert Brauning

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

15. MAIDEN NAME Elsay

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

17. INFORMANT Mrs Helen Glover (ADDRESS) Mercer Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Methodist DATE April 8 1936

19. UNDERTAKER Noel Moss (ADDRESS) Princeton Mo

20. FILED Apr. 8 1936 Mrs. Orie Savenport (Address) Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 6 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 15 1935 to April 6 1936
I last saw her alive on April 5 1936 Death is said to have occurred on the date stated above, at 10 a m.

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

Chronic Broncho
Pneumonia
Aortic stenosis and
Mitral regurgitation
Date of onset 16-36
Apr-30

Other contributory causes of importance:
Chronic Brights Disease 10/4-32
With drapical deposits
in lower lobe of left lung

Name of operation none Date of
What test confirmed diagnosis? Phys Diag 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.

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. M. Perry M. D.
(Address) Princeton Mo

