JAN 29 1937

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

Do not use this space.

44185

1. PLACE OF DEATH

County Cole — Registration District No. 213

Township — Primary Registration District No. 3014

City Jefferson City (No. 429 E. Ashley, St. Ward)

File No.

Registered No. 345

2. FULL NAME Mrs. Catherine Cowley Ramsey

(a) Residence, No. 429 E. Ashley 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: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George Ramsey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 31, 1852

7. AGE: Years 84 | Months 6 | Days 11 | If LESS than 1 day, ...hrs. or ...min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

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) Douglas, Isle of Man.

FATHER

13. NAME John Cowley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Isle of Man.

MOTHER

15. MAIDEN NAME Ann Hampton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Isle of Man

17. INFORMANT Ed. Ramsey
(ADDRESS) Jefferson City, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Riverview cem. DATE Dec. 13, 1936

19. UNDERTAKER Heinrichs Funeral Home
(ADDRESS) Jefferson City, Mo.

20. FILED 12/13/ 1936 [signature] M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 11, 1936

22. I HEREBY CERTIFY, That I attended deceased from August 1935, to December 11, 1936

I last saw her alive on December 11, 1936. Death is said to have occurred on the date stated above, at 11:30P/M/

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

Carcinoma of the breast — Date of onset Aug-35

Other contributory causes of importance:

Mitral regurgitation

Name of operation None Date of

What test confirmed diagnosis? Clinical 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?

If so, specify

(Signed) [signature], M. D.

(Address) Jefferson City, Mo.