

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.

McDaniel
MAR 15 1937

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

Do not use this space.

1. PLACE OF DEATH

County *Barry* Registration District No. *31*
Township *Bullard* Primary Registration District No. *240*
City *Bullard* No. *2* St. *10* Ward

File No. *4903*

2. FULL NAME

Henry Owen Ramsey
(a) Residence, No. *Bullard Mo.* St. *10* Ward *1*
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred *3* yrs. *0* mos. *0* ds. How long in U. S., if of foreign birth? *1* yrs. *0* mos. *0* ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED *Widower*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Apr 3rd 1859*

7. AGE YEARS *77* MONTHS *9* DAYS *22* If LESS than 1 day, hrs. or min.

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) *Monticello Indiana* (STATE OR COUNTRY)

13. NAME *Frank Ramsey*

14. BIRTHPLACE (CITY OR TOWN) *Ind* (STATE OR COUNTRY)

15. MAIDEN NAME *DK*

16. BIRTHPLACE (CITY OR TOWN) *DK* (STATE OR COUNTRY)

17. INFORMANT *C. O. Ramsey* (ADDRESS) *Bullard*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Barry* DATE *1/27/1937*

19. UNDERTAKER *Hornum - Eyles* (ADDRESS) *Barry Mo.*

20. FILED *3-3* 1937 *Matty Blankenship* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan 25*, 19*37*

22. I HEREBY CERTIFY That I attended deceased from *Oct 21* to *Jan 25*, 19*37*

I last saw him alive on *Jan 20*, 19*37*. Death is said to have occurred on the date stated above, at *9 P.* m.

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

Coronary Embolus Date of onset *1/24/37*

Other contributory causes of importance: *Chronic Nephritis.*

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

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) *McDaniel* (Address) *Barry Mo.*

