

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan
Township Washington
City St. Joseph, (No. 401 N. 6th.)

Registration District No. 85
Primary Registration District No. 1001

File No. 2069
Registered No. 50
St. _____ Ward _____

2. FULL NAME

HENRY JACQUE RAVOLD

(a) Residence, No. 401 N. 6th. St. _____ Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 3rd 1903

7. AGE YEARS 34 MONTHS 9 DAYS 10 If LESS than 1 day, _____ hrs. or _____ min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Radiology

10. Date deceased last worked at this occupation (month and year) JAN 12 1938 11. Total time (years) spent in this occupation 49

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GREENVILLE, Ill.

FATHER 13. NAME JACQUES RAVOLD

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) NAUAY, FRANCE

MOTHER 15. MAIDEN NAME LOUISA WAIT

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) SALEM, MASS.

17. INFORMANT (ADDRESS) MRS. JESSE RAVOLD, 401 N. 6th St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE GREENVILLE, Ill. DATE JAN. 15th 1938

19. UNDERTAKER (ADDRESS) FLEEMAN AND SON INC. 1941 CALHOUN ST. Joseph, Mo.

20. FILED Jan. 14 1938 Registrar Edgar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 13 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 12 1938, to Jan 13 1938. I last saw him alive on Jan 13 1938. Death is said to have occurred on the date stated above, at 12:25 A.M.

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

Other contributory causes of importance:
chronic myocarditis
arteriosclerosis general

Name of operation none Date of _____

What test confirmed diagnosis? exam lab. Was there an autopsy? no

23. If death was due to external causes (accident, fall, etc.), 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. FEB 21 1938

Manner of injury _____ Nature of DISSECTION

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____ (Signed) E. M. Shares M. D.

(Address) 317 1/2 W. Patrick Bldg

St. Joseph, Mo.

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.

