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.

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

Do not use this space.

1. PLACE OF DEATH
County: Vernon — Registration District No. 875 — File No. 4432
Township: — Primary Registration District No. 3039 — Registered No. 28
City: Nevada (No. Nevada Hospital St. Ward)

2. FULL NAME: Minnie Barr Moore Ragsdale 2 3/4
(a) Residence, No. 320 W Sycamore St., 4 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: T J Ragsdale

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 19, 1878

7. AGE: Years 59 — Months 2 — 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.: Homekeeper
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): Kansas City Mo

FATHER
13. NAME: John Jasper Moore
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Jackson County Mo

MOTHER
15. MAIDEN NAME: Margaret Jane Bryant
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Jackson County Mo

17. INFORMANT (ADDRESS): Boyd Ewing, Nevada Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Olathe Kansas DATE: Feb. 1, 1938

19. UNDERTAKER (ADDRESS): Eichinger Funeral Home, Nevada Missouri

20. FILED: Feb. 1, 1938 Allen V. Hay, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan 31, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 14, 1937, to Jan 31, 1938
I last saw her alive on Jan 31, 1938. Death is said to have occurred on the date stated above, at 8:56 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia, Type I	1/28/38
108	

Other contributory causes of importance:

Essential Hypertension	?
Chronic Myocardial Degeneration	?

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? No Date of injury: , 19
Where did injury occur? No (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: None

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify:
(Signed) R W Pearce M. D.
(Address) Nevada Mo.

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MO. STATE BOARD OF HEALTH