

REC'D APR 23 1938

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

12350  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Texas Registration District No. 887  
 (b) Township Lynch Primary Registration District No. 6138  
 (c) City Licking (d) Street No. \_\_\_\_\_ (If death occurred in Hospital or Institution, write its name instead of street and number) St. \_\_\_\_\_  
 (e) Length of residence in city or town where death occurred yrs. mgs. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds. \_\_\_\_\_

2. PRINT FULL NAME Isabella Elizabeth Ramsey 52.0  
 (a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. ~~MARRIED, WIDOWED, OR DIVORCED~~ HUSBAND OF (OR) WIFE OF Charley Ramsey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 17, 1849

7. AGE YEARS MONTHS DYS If LESS than 1 day, hrs. or min.  
89 9 15

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc. Housewife  
 10. Date deceased last worked at this occupation (month and year) Jan 1934 11. Total time (years) spent in this occupation 65

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Licking Mo

FATHER 13. NAME John Reid 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

MOTHER 15. MAIDEN NAME Mary Hunter 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known North Carolina

17. INFORMANT (ADDRESS) Mary DeWeese Licking Mo. R.I.

18. BURIAL, CREMATION, OR REMOVAL PLACE Boone Creek Cem. DATE 3-4-38

19. FUNERAL DIRECTOR (ADDRESS) Smith & Gersonon Licking Mo

20. FILED 4/10 1938 Julia Deery Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 2, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 28, 1938 to Feb 2, 1938  
 I last saw him alive on 2-28-38, 1938 Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.  
 The principal cause of death and related causes of importance were as follows:  
Branchial Sneur  
monia  
 Date of onset 2-26-38

Other contributory causes of importance: 1972  
Branchial Sneur 1934

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? no  
 If so, specify \_\_\_\_\_  
 (Signed) W. H. Reed, M. D.  
 783 (Address) Licking

I X12004  
 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.

STATEMENT BY LICENSED EMBALMER

I, Erbert E Ferguson, Licensed Embalmer No. 3945

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed Erbert E Ferguson

Licensed Embalmer No. 3945

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**