

REC'D AUG 10 1938

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

24707

Do not use this space.

1. PLACE OF DEATH *Boone*

(a) County *Boone* Registration District No. *73*

(b) Township *Columbia* Primary Registration District No. *5112*

(c) City (d) Street No. Registered No. *164*

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

2. PRINT FULL NAME *(Annie Ravenscraft) Annie Ravenscraft.*

(a) Residence, No. St. (If nonresident, give city or town and State) *452*

(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *F.*

4. COLOR OR RACE *W*

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *J. S. Ravenscraft.*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Feb. 14, 1856*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.

82 5 2

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. *At Home*

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) *Boone County*
(STATE OR COUNTRY) *Missouri*

13. NAME *Joshua Robert*

14. BIRTHPLACE (CITY OR TOWN) *Do not know*
(STATE OR COUNTRY)

15. MAIDEN NAME *Elizabeth Skidmore*

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

17. INFORMANT *Mrs Clara Young*
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL *Ch. care*
PLACE *Providence* DATE *7-17-38*

19. FUNERAL DIRECTOR *W. H. Vandeventer*
(ADDRESS) *Columbia, Mo.*

20. FILED *7/18/38* *Allie Selby*
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *7-16* 19*38*

22. I HEREBY CERTIFY, that I attended deceased from *July 7, 1938*, to *July 16, 1938*.

I last saw her alive on *July 13, 1938*. Death is said to have occurred on the date stated above, at *1:30 P. M.*

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

Fracture of left femur (fx) Date of onset 7-7-38
Hypertensive Rheumbra 7-19-38

Other contributory causes of importance: *Senility*
Arteriosclerosis Generalized

Name of operation

What test confirmed diagnosis?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? *Accident* Date of injury *July 7, 1938*

Where did injury occur? *Boone County*
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. *Home*

Manner of injury *Fell over door step*

Nature of injury *Fracture of left hip*

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

If so, specify

(Signed) *James M. Nelson*, M. D.

(Address) *Columbia, Mo.*

STATEMENT BY LICENSED EMBALMER

I, W. H. Vanderveeter, Licensed Embalmer No. 2494

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

W. H. Vanderveeter

Licensed Embalmer No. 2494

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.)