

6550 JAN 20 1939

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

Do not use this space.

1. PLACE OF DEATH

County Osage
Township Linn
City Loose Creek (No. 1)

Registration District No. 644
Primary Registration District No. 5853

File No. 3349
Registered No. One
St. _____ Ward _____

2. FULL NAME

Frank Ratter

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 28 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) widow
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 24 1868
7. AGE YEARS 70 MONTHS 4 DAYS 16 If LESS than 1 day, _____ hrs. or _____ min.

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

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) Sept 1 1938 11. Total time (years) spent in this occupation 50 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

13. NAME John Ratter

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Anie Wolfe

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Leo Ratter
Bonnets mill mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Loose Creek DATE Jan 13 1939

19. UNDERTAKER (ADDRESS) Seaton Smith
St. Louis mo

20. FILED 1-11-39 Emely W. Matthews Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 10 1939

22. I HEREBY CERTIFY, That I attended deceased from October 10 1938 to Jan 10 1939

I last saw him alive on Jan 10 1939. Death is said to have occurred on the date stated above, at 6:20 p.m.

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

Hypertrophic Arteriosclerosis of the Liver

Other contributory causes of importance:

Myocardial Failure
Ascites
Name of operation none Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

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) Julian A. Casman M.D.
Jefferson City, Mo. (Address)

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.

