

REC'D JUN 21 1939

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

19072

Do not use this space.

1. PLACE OF DEATH

(a) County Lawrence Registration District No. 472  
(b) Township North Mt. Vernon Primary Registration District No. 5-633  
(c) City Mt. Vernon, Mo (d) Street No. Missouri State Sanatorium St. 79  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred 1 yrs. 4 mos. 12 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 234 Sterling Ragsdale

(a) Residence, No. St. Louis, Missouri St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

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 Pearl Ragsdale

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 27, 1907

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hra. or .....min.  
32 1 21

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year) 1935 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Mokane (STATE OR COUNTRY) Missouri

FATHER 13. NAME Charles Richard Ragsdale

14. BIRTHPLACE (CITY OR TOWN) Mokane (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Lizzie Todd

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

17. INFORMANT E. McMicheal, Record Clerk (ADDRESS) Missouri State Sanatorium

18. BURIAL, CREMATION, OR REMOVAL State Sanatorium DATE May 19, 1939

19. FUNERAL DIRECTOR (NAME) Orin Ransom (ADDRESS) Mt. Vernon

20. FILED May 17, 1939 P. A. Holmer Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 17, 1939 ~~XXXX~~

22. I HEREBY CERTIFY, That I attended deceased from Jan 6, 1938, to May 17, 1939 ~~XXXX~~

I last saw him alive on May 17, 1939 Death is said to have occurred on the date stated above, at 10:40 A. M.  
The principal cause of death and related causes of importance were as follows:

Pulmonary tuberculosis Date of onset 1935

Other contributory causes of importance:

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? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) C. E. Kellweg M. D.  
(Address) Mt. Vernon, 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.

59

3

1

1

RECEIVED

District Health Officer No. 6,

District File Number 66-39-1151

Date Filed JUN 5 1939

---

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer, No.....

P. O. Address.....

**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.)**

**If this body is not embalmed, above space should be left blank.**