

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

Do not use this space.

22302

1. PLACE OF DEATH

County Clay Registration District No. 201
 Township Missouri City Primary Registration District No. 4121
 City Missouri City (No.) St. Ward

File No.
 Registered No. 87
 St. Ward

2. FULL NAME

(a) Residence. No. Woodson V. Ragun St. Ward.
 (Usual place of abode) Liberty Mo (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 <u>Male</u>	4. COLOR OR RACE <u>negro</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>✓</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Sept. 17 - 1913</u>		
7. AGE	YEARS <u>16</u>	MONTHS <u>10</u>
	DAY <u>14</u>	IF LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work... <u>Labourer</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>Wabash RR</u> <u>Miss. City, Clay Co. Mo.</u> (c) Name of employer		
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Liberty Mo.</u>		
PARENTS	10. NAME OF FATHER <u>Woodson Ragun</u>	
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Liberty Mo.</u>	
	12. MAIDEN NAME OF MOTHER <u>Ana Prince</u>	
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Liberty Mo.</u>	
14. INFORMANT <u>Woodson Ragun</u> (Address) <u>Liberty, Mo</u>		
15. FILED <u>9/16/30</u> <u>W. H. Madison</u> REGISTRAR		

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 31 1930

17. I HEREBY CERTIFY, That I attended deceased from 19.....
 that I last saw h..... alive on 19.....
 death occurred on the date stated above..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
by Drowning in Missouri River, and was carried under
by Drowning in Missouri River & ACC. Death
found August 3rd 1930 duration 3 yrs. 0 mos. 0 ds.
near Missouri City, Mo

CONTRIBUTORY (SECONDARY) 153 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? 153
 IF NOT AT PLACE OF DEATH.....

8 DID AN OPERATION PRECEDE DEATH? DATE OF..... 177

177 WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) M. L. Mysong Doctor, M. D.
8/5 1930 (Address) Liberty - Clay Co. Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL <u>Funeral Liberty Mo</u>	DATE OF BURIAL <u>8/31 1930</u>
20. UNDERTAKER <u>Church - Anchor Co</u>	ADDRESS <u>Liberty, Mo</u>

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

