

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

Do not use this space.

1. PLACE OF DEATH

County St. Francois
Township Randolph
City Keosauqua, Mo. (No. _____) St. _____ Ward _____

Registration District No. 779
Primary Registration District No. 6024

File No. 17902
Registered No. _____

2. FULL NAME

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

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 15, 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 8 4

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Data deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

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

13. NAME Frank Ramsey

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

15. MAIDEN NAME Elizabeth Conell

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

17. INFORMANT O. A. Ramsey (ADDRESS) Keosauqua

18. BURIAL, CREMATION, OR REMOVAL PLACE Herold DATE May 20, 1934

19. UNDERTAKER C. Z. Boyer (ADDRESS) Keosauqua

20. FILED May 23, 1934 W. S. Blackman Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May - 19 - 1934

22. I HEREBY CERTIFY, That I attended deceased from May 12 - 1934 to May 19 - 1934
I last saw him alive on May 19 - 1934 Death is said to have occurred on the date stated above, at 11:00 a.m.

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

Chronic Myocarditis
Arterio Sclerosis
Chronic Interstitial Nephritis
131c 131
97

Date of onset ()

Name of operation _____ Date of _____
What test confirmed diagnosis Clinical 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) R. B. Pester, M. D.
(Address) Keosauqua 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.

JUN 26 1934

