

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

Do not use this space.

1. PLACE OF DEATH

County *Lamar*
Township *Bonheur*
City

Registration District No. *824*
Primary Registration District No. *6076*

File No. *26130*
Registered No.
St. Ward)

2. FULL NAME

Stonewall Jackson Ramus

(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. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* 4. COLOR OR RACE *A* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Alice Ramus*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *June - 1 - 1881*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
47 1 27

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work *Farmer*
(b) General nature of industry, business, or establishment in which employed (or employer)

9. BIRTHPLACE (CITY OR TOWN) *Mo*
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER *Daniel O Ramus*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) *Mo*

12. MAIDEN NAME OF MOTHER *Loala Kitchley*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) *Mo*

14. INFORMANT *Dr Millman*
(Address) *Excelsior Mo*

15. FILED *7-27-28* *Frank D. ...* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *July 25 1928*

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

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Accidental Drowned

18 1/2
CONTRIBUTORY (SECONDARY) *18 1/2*
(duration) yrs. mos. da.

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

19. DID AN OPERATION PRECEDE DEATH? *no* DATE OF

20. WAS THERE AN AUTOPSY? *no*

WHAT TEST CONFIRMED DIAGNOSIS? *Wound by Coroner*
(Signed) *S. B. ...*
7-28, 1928 (Address) *Excelsior*

*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 *Murphy Chapel* DATE OF BURIAL *7-28 1928*

20. UNDERTAKER *Worm* 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.

