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

Do not use this space.

25540

1. PLACE OF DEATH
County Randolph Registration District No. 736
Township Primary Registration District No. 3034
City Moberly (No. , St. Ward)

File No.
Registered No. 143

2. FULL NAME Clarence Ragsdale
(a) Residence. No. [illegible] St., 709 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Mary Hale Ragsdale

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 2. 1874

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	54	8	8	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Stock Dealer
(b) General nature of industry, business, or establishment in which employed (or employer) in jersey Cattle.
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Randolph Co.
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER George Ragsdale
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Randolph Co. Mo.
12. MAIDEN NAME OF MOTHER Mary Evans
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Randolph Co. Mo

14. INFORMANT Mrs. Clarence Ragsdale
(Address) Moberly Mo.

15. FILED 7/13, 19 29 Dr. Thos. S. Fleming REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 10 — 1929.

17. I HEREBY CERTIFY, That I attended deceased from July 9 —, 19 29 to midnight July 10 —, 19 29 and that I last saw h.... alive on July 10 —, 19 29 and that death occurred, on the date stated above, at 7:05 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Patient was dying of myocardial decompensation when I arrived.
Patient had been treated by Dr. Coppedge for several months.
(CONTRIBUTORY) (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? Clinical —

(Signed) L. E. Hube, M. D.
July 11, 1929 (Address) Moberly 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	DATE OF BURIAL
Deakins Cemetary	July 12 1929
20. UNDERTAKER	ADDRESS
J. C. Minor	Moberly 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.