

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.

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

1 PLACE OF DEATH

County Jackson
Township Kear
or
Village
or
City Kansas City

Registration District No. _____
Primary Registration District No. 190
(NO 4226 Highland St.)

File No. 33521

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Thomas Sunham Ritchie

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M. 4 COLOR OR RACE Wh. 5 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) Married

6 DATE OF BIRTH March 17, 1853
(Month) (Day) (Year)

7 AGE 65 yrs. 6 mos. 26 ds. If LESS than 1 day...hrs. or...min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work Contractor 131
(b) General nature of industry business, or establishment in which employed (or employer) 920

9 BIRTHPLACE (City or town, State or foreign country) New Jersey 95

PARENTS
10 NAME OF FATHER Henry Ritchie
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) New Jersey
12 MAIDEN NAME OF MOTHER Gertrude Sunham
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Jennie R Ritchie
(Address) 4226 Highland

15 Filed Oct 15 1918 Registrar Eda Lewis

4 MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 13, 1918
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Sept 5th, 1918 to Oct 17th, 1918, that I last saw him alive on Oct 6th, 1918, and that death occurred, on the date stated above, at 7 a.m.

The CAUSE OF DEATH* was as follows:
Acute dilatation of heart following valvular disease and general dropsy

CONTRIBUTORY (Secondary) Chronic interstitial nephritis
(Duration) 18 yrs. 6 mos. ds.
(Signed) C. M. Sutton M. D.
Oct 13, 1918 (Address) 215 Arroyo Blvd

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place 7 yrs. 35 mos. ds. In the 35 yrs. 35 mos. ds.

Where was disease contracted if not at place of death?
Former or usual residence.

19 PLACE OF BURIAL OR REMOVAL Forest Hill DATE OF BURIAL Oct 15, 1918

20 UNDERTAKER Wagner's Sons ADDRESS K. P. Mo.

