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

Do not use this space.

21453

File No. .....

Registered No. 2811

1. PLACE OF DEATH

County: Jackson — Registration District No.: 399

Township: Kaw — Primary Registration District No.: 1102

City: Kansas City (No.: Research Hospital St. ..... Ward)

2. FULL NAME David Ritz

(a) Residence. No. 726 Wabash St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U.S., if of foreign birth? 20 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) ?? 1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
52	90	?	?	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Dealer in Used Socks

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY) Lodz Poland

PARENTS

10. NAME OF FATHER Isaac Moses Ritz

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

12. MAIDEN NAME OF MOTHER Not Known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Not Known

14. INFORMANT Sam Silver
(Address) 3601 Olive

15. FILED 7/14, 1927 M. M. Crowe Asst REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7-13- 1927

17. I HEREBY CERTIFY, That I attended deceased from July 11, 1927, to July 13, 1927, that I last saw him alive on 7-13- 1927, and that death occurred, on the date stated above, at 11:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chr. Urgo-condition
93C
110B
(duration) 1- yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Pleural effusion + ascites
time indefinite (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? Finding - usual

(Signed) B. S. Gutzbacher, M. D.

7/14, 1927 (Address) 828 Argyle Bldg

*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
Blue Ridge	7-14- 1927

20. UNDERTAKER	ADDRESS
J. P. Louis	3400 Woodland Ave

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.