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

Do not use this space.

16240

1. PLACE OF DEATH

County: Buchanan — Registration District No.: 85

Township: — Primary Registration District No.: 1001

City: St Joseph (No.: Mo State Hospital St.: Ward)

File No.:

Registered No.: 693

2. FULL NAME: Abram Ritter

(a) Residence. No.: Co. Farm 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: Wh

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widower

5a. IF MARRIED, WIDOWED, ~~OR DIVORCED~~ HUSBAND OF (OR) WIFE OF: Mary Ritter Abt 1856

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Unknown

7. AGE: Years 72 | Months x | Days x | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Laborer
(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): Iowa

PARENTS

10. NAME OF FATHER: John Ritter

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

12. MAIDEN NAME OF MOTHER: Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): (STATE OR COUNTRY): Unknown

14. INFORMANT: John Ritter
Address: Chicago Ave

15. FILED: MAY 16 1928 — John G. [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): May 15th 1928

17. I HEREBY CERTIFY, That I attended deceased from May 10th, 1928, to May 15th, 1928, that I last saw h. alive on, 19, and that death occurred, on the date stated above, at 7:0 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Arteria Sclerosis
97
162 (duration) 2 yrs. mos. 1 ds.

CONTRIBUTORY (SECONDARY): Senile Dementia
(duration) 1 yrs. mos. ds.

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

0 DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? none

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

5/16, 1928 (Signed) Albert E. Holley, M.D. (Address) 822 Edmond St Joseph 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: Curlin Cemetery — DATE OF BURIAL: 5/16 1928

20. UNDERTAKER: J. C. Hensley — ADDRESS: 2160 Ford

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD