

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

Do not use this space.

3874

**1. PLACE OF DEATH**

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City St. Louis, Mo. (No. Christiana Hospital)

File No. ....

Registered No. 483

St. .... Ward)

**2. FULL NAME**

(a) Residence. No. 1113 Otwell St., 215 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nellie Ritter

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

7. AGE 60 YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Trucker  
(b) General nature of industry, business, or establishment in which employed (or employer) Freight Handler  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Virden, Ill.  
(STATE OR COUNTRY)

10. NAME OF FATHER Jas. Ritter

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

12. MAIDEN NAME OF MOTHER Nancy Simmons

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

14. INFORMANT Sra M. Ritter  
(Address) Nellwood - Ill.

15. FILED 10, 10 22 Max C. Parker REGISTRAR

**2 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 9<sup>th</sup> 1929

17. I HEREBY CERTIFY, That I attended deceased from Sept. 27, 1928, to Jan 9<sup>th</sup>, 1929 that I last saw him alive on Jan 9<sup>th</sup>, 1929, and that death occurred, on the date stated above, at 7:50 P.M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Carcinoma Paucis Island 53E

CONTRIBUTORY (SECONDARY) 49 (duration) 1/2 yrs. .... mos. .... ds.

(duration) ..... yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH 1113 Otwell St

DID AN OPERATION PRECEDE DEATH? yes DATE OF 10/1/28

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Laboratory  
(Signed) Arthur Swelch, M. D.

\*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

Oak Grove Cem. Macopin Jan. 12 1929

20. UNDERTAKER ADDRESS Gate 1st. Co. Gravette City, Ill.

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

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.

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