

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

Do not use this space.

6763

1. PLACE OF DEATH
 County Jackson Registration District No. 399
 Township Kanaw Primary Registration District No. 100
 City Kansas City (No. 4133) Locust St. 6 Ward 6
 Registered No. 929

2. FULL NAME Miss Annie Ricketts
 (a) Residence. No. 4133 Locust St., 6 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Single

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
about 85

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work at home
 (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) Missouri

10. NAME OF FATHER Wm C. Ricketts

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

12. MAIDEN NAME OF MOTHER Gabriella Bush

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

14. INFORMANT Miss Emma Ricketts
 (Address) 4133 Locust St.

15. FILED 2-25-29 M M Evans
Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2/22 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb 22 1929, to Feb 27 1929, that I last saw him alive on Feb 27 1929, and that death occurred, on the date stated above, at 7:30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral hemorrhage due to atherosclerosis with hypertension
symptoms hrs. (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) HTN (duration) yrs. mos. da.
102

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

19. DID AN OPERATION PRECEDE DEATH? DATE OF...
no

20. WAS THERE AN AUTOPSY?
no

WHAT TEST CONFIRMED DIAGNOSIS? Spec. v. neg
 (Signed) R. J. Stone, M. D.

2-13, 1929 (Address) Rickts 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
Elmwood Cemetery 2-25-1929

20. UNDERTAKER ADDRESS 3235
Stone & Mrs. Chas G. C. Gillham

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.

26

1

23

22

1125-1126

1125-1126

1-5