

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

Do not use this space.

7090

1. PLACE OF DEATH

County Laurens

Registration District No. 471

Township Pierce City

Primary Registration District No. 6284

City Pierce City

File No. 7

Registered No. 16

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME OF DECEASED Julia Henry Ritter - New Bureau

(a) Residence. No. \_\_\_\_\_ 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 F

4. COLOR OR RACE M.

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 21 - 1846

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 82 3 26

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House work

(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) Halworth Nid = New York

10. NAME OF FATHER Samuel Morton

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) New York =

12. MAIDEN NAME OF MOTHER Lucretia Handy

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) New York =

14. INFORMATION (Address) Ms. Lulu Dejeaux. Pierce City, Mo.

15. FILED 3/9 1929 N. Ross Clark REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 16 1929

17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 1929, to 2-16, 1929. that I last saw h. M. alive on 2-15-29, 19\_\_\_\_, and that death occurred, on the date stated above, at 8 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Acute Stenosis  
(duration) 5? yrs. mos. ds.  
CONTRIBUTORY Myocardial infarction (SECONDARY) (duration) 3 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? IF NOT AT PLACE OF BIRTH? \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Phys. & Subjective signs

(Signed) H. Ross Clark, M. D.  
, 19 (Address) Pierce City, 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 DATE OF BURIAL

City Cemetery Feb 18 1929

20. UNDERTAKER ADDRESS

Sp. Spencer & - Pierce City, Mo.

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.

RECORD

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