

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

Do not use this space.

31195

1. PLACE OF DEATH

County Johnson Registration District No. 431
Township Warrensburg Primary Registration District No. 52-88
City Warrensburg (No. _____) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME Fred Ritchie

(a) Residence No. County Home St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 60 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 Black 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
About 84

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) Unknown,

10. NAME OF FATHER Unknown,

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 Manager Co Home (Address) Warrensburg, Mo

15. FILED Sept 26 29 Wm R Patterson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9/22, 29 1929

17. I HEREBY CERTIFY, That I attended deceased from Sept 20, 1929, to Sept 21, 1929, that I last saw him alive on Sept 21, 1929, and that death occurred, on the date stated above, at 5 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

82A
167 Central Hemorrhage
(duration) 14 hours

CONTRIBUTORY (SECONDARY) 84 year old arteries
(duration) _____ yrs. _____ mos. _____ ds.

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

DID AN OPERATION PRECEDE DEATH? m DATE OF _____
WAS THERE AN AUTOPSY? m

WHAT TEST CONFIRMED DIAGNOSIS Classical
(Signed) L. J. Helms M. D.

Sept 26 19 29 (Address) Warrensburg 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 Sunset Hill Cem DATE OF BURIAL 9/26/ 29

20. UNDERTAKER S. R. Sweeney, Warrensburg. ADDRESS _____

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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