DEC 22 1930

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

Do not use this space.

35803

1. PLACE OF DEATH
County GASCONADE — Registration District No. 3 03
Township — Primary Registration District No. 4182
City HERMANN (No. ..... St. ..... Ward)

File No. .....
Registered No. .....

2. FULL NAME PAULINE RITTER

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
FEMALE	WHITE	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF LOUIS V. RITTER

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 14-1854

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	76	3	10	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work HOUSEWIFE
(b) General nature of industry, business, or establishment in which employed (or employer) ✓
(c) Name of employer ✓

9. BIRTHPLACE (CITY OR TOWN) HERMANN
(STATE OR COUNTRY) MO.

PARENTS
10. NAME OF FATHER CARL FEIL SR.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) GERMANY
12. MAIDEN NAME OF MOTHER AMALIA RONNEBERGER
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) GERMANY

14. INFORMANT Hy Ritter
(Address) HERMANN, MO

15. FILED 11-25, 1930 Anna K Rickhoff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 24 1930

17. I HEREBY CERTIFY, That I attended deceased from Mch 7, 1929, to Nov. 24, 1930 that I last saw her alive on Nov 24, 1930, and that death occurred, on the date stated above, at 7 15 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Asthma
23A
112
..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Tubercle pulmonary
..... (duration) 2 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH .....
8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) F. H. Caughell, M. D.
, 19 (Address) Herman 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
HERMANN City Cemetery	NOV. 26 1930
20. UNDERTAKER	ADDRESS
HERMAN BLUMER	HERMANN 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.