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.

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

Do not use this space.

38407

1. PLACE OF DEATH
County Adair
Township
City Kirksville (No. , St. Ward)

Registration District No. 4
Primary Registration District No. 3001

File No.
Registered No. 188

2. FULL NAME David Rittenhouse Junior

(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: male
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Premature

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

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

7. AGE: Premature — YEARS | MONTHS | DAYS | If LESS than 1 day, 5 hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of 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)

PARENTS

10. NAME OF FATHER David Rittenhouse
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Penn (STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Agnes Mae Foster
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Portland (STATE OR COUNTRY) Ore

14. INFORMANT David Rittenhouse
(Address) Kirksville Mo

15. FILED 12/27, 1930 Mrs C H Becker REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 21 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec 21, 1930, to same day that I last saw him alive on Dec 21, 1930, and that death occurred, on the date stated above, at 9 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Premature infant

159 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 160 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH —

DID AN OPERATION PRECEDE DEATH? No DATE OF —

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) E. C. Petermeyer M.D.

, 19 (Address) Kirksville 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: Highland Park
DATE OF BURIAL: 23 Dec. 1930

20. UNDERTAKER: Summers & Son
ADDRESS: Kirksville