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.

APR 21 1931

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

Do not use this space.

9294

1. PLACE OF DEATH
County: Cooper
Township: Prairie Home
City: Prairie Home Mo (No. ..... St. ..... Ward)
Registration District No.: 222
Primary Registration District No.: 4137
File No.:
Registered No.: 2

2. FULL NAME: Sallie D Ritchie
(a) Residence. No. ..... St., ..... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 50 yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## 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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 6th Day of Nov 1839

7. AGE: Years 91 Months 4 Days 1 If LESS than 1 day, ..... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired
(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): Mo. [illegible]

PARENTS
10. NAME OF FATHER: Jacob Ritchie
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Cooper County Mo
12. MAIDEN NAME OF MOTHER: Jane Dorsey
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Cooper County Mo

14. INFORMANT: George Emil Ritchie
(Address): Prairie Home Mo

15. FILED 3-10, 1931 A L Meredith REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 3-7 1931

17. I HEREBY CERTIFY, That I attended deceased from 1 1931, to 3-7, 1931 that I last saw her alive on 3-4, 1931, and that death occurred, on the date stated above, at 1 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Car Cancer Breast Left 50
(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 50
(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) A L Meredith, M. D.
3-10 1931 (Address) Prairie Home 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: Salem Cem 3-10-31
DATE OF BURIAL: 19

20. UNDERTAKER: Calbert Hornbeck Prairie Home Mo.
ADDRESS