

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

Do not use this space.

19028

**1. PLACE OF DEATH**

County Ray  
Township  
City Richmond (No. ....)

Registration District No. 744

Primary Registration District No. 3035

File No. ....  
Registered No. 48  
St. .... Ward)

**2. FULL NAME**

Sarah Amandy Ritchie  
(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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 29, 1879

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1	
				day, .... hrs.	or .... min.
<u>58</u>	<u>-</u>	<u>-</u>	<u>10</u>		

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work House Duties  
(b) General nature of industry, business, or establishment in which employed (or employer) .....  
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) Not known  
(STATE OR COUNTRY) Virginia

10. NAME OF FATHER Joseph Faults

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Not known  
(STATE OR COUNTRY) Not known

12. MAIDEN NAME OF MOTHER Susan Smith

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Not known  
(STATE OR COUNTRY) Not known

14. INFORMANT John Ritchie  
(Address) Richmond Mo

15. FILED 5412-1931 E. E. Fay REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 9, 1931

17. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19....., that I last saw h..... alive on ..... 19....., and that death occurred, on the date stated above, at 8-10 m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

131 Chronic Myocarditis  
986

CONTRIBUTORY (SECONDARY) Nephritis  
(duration) 5 yrs. mos. ds.

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

9 DID AN OPERATION PRECEDE DEATH? NO DATE OF .....  
WAS THERE AN AUTOPSY? NO  
WHAT TESTS CONFIRMED DIAGNOSIS? 7  
(Signed) E. E. Fay M. D.  
. 19 (Address) Richmond 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 City Cemetery DATE OF BURIAL Nov 11 1931

20. UNDERTAKER Thurman ADDRESS Richmond

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.

MAY 29 1931

