

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.

SEP 22 1931

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

Do not use this space.

27860

1. PLACE OF DEATH
 County Crawford Registration District No. 230
 Township Benton Primary Registration District No. 7140
 City Cuba mo (No. _____) St. _____ Ward _____

2. FULL NAME May Rinda Ritchie
 (a) Residence, No. Cuba mo St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 29 yrs. mos. _____ ds. _____ How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.
 (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF John Ritchie
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-19-62
 7. AGE 69 YEARS MONTHS 6 DAYS 25 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Asst. Nurse
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Blaine Ky.

FATHER 13. NAME Corbin Lymon

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MOTHER 15. MAIDEN NAME Nancy Lester

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT H. Ritchie
 (ADDRESS) 762 1/2 Washington av. St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cuba mo DATE 8/15 1931

19. UNDERTAKER (ADDRESS) John E. G. ... Cuba mo

20. FILED Sept 1 1931 G. G. A. ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/14 1931
 22. I HEREBY CERTIFY, that I attended deceased from July 18, 1931, to Aug 14, 1931.
 I last saw _____ alive on July 18, 1931. Death is said to have occurred on the date stated above, at 11:00 a.m.
 The principal cause of death and related causes of importance were as follows:

Uremia
1323

Other contributory causes of importance: _____
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____
 Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) H. G. ... M. D.
 (Address) Cuba mo

