

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

Do not use this space.

9160

**1. PLACE OF DEATH**

59 County Linn  
Township Richhill  
City Sturges (No. ....)

Registration District No. 508  
Primary Registration District No. 5685

File No. ....  
Registered No. 29  
St. .... Ward)

**2. FULL NAME**

Evelyn May Ricket  
(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 3 yrs. .... mos. .... da. How long in U. S., if of foreign birth? .... yrs. .... mos. .... da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED <u>✓</u> (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>✓</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Jan. 26 - 1926</u>		
7. AGE <u>6</u> YEARS	<u>1</u> MONTHS	<u>13</u> DAYS
if LESS than 1 day, .... 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) Sturges  
(STATE OR COUNTRY) Missouri

PARENTS	10. NAME OF FATHER <u>Wayne Ricket</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>arkansas</u>
	12. MAIDEN NAME OF MOTHER <u>Alpha Sevier</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>missouri</u>

14. INFORMANT Wayne Ricket  
(Address) Sturges mo

15. FILED 3/10, 1932 R. Barney  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 9 1932  
17. I HEREBY CERTIFY, That I attended deceased from March 1st, 1932 to March 9, 1932 that I last saw live on March 9, 1932 and that death occurred, on the date stated above, at 9-9 a.m.

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

Scarlet fever  
(duration) .... yrs. .... mos. 15 ds.

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

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

0 DID AN OPERATION PRECEDE DEATH? NO DATE OF - (1)  
WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS clinical  
(Signed) G.W. Barber, M. D.

3/10, 1932 (Address) Wagon 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 Ricket Cemetery DATE OF BURIAL March 10 1932

20. UNDERTAKER Ev. B. B. Co. ADDRESS Chil. 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.

APR 27 1932

