

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

Do not use this space.

12192
~~13192~~

1. PLACE OF DEATH
37 County SFB CONADE Registration District No. 903
Township ROARK Primary Registration District No. 5420
City (No.) St. Ward

File No. _____
Registered No. 1 St. Ward

2. FULL NAME MAGDALINA RITSCHARD
(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) WIDOWED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JAN 13 - 1854

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>78</u>	<u>3</u>	<u>4</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSEWIFE

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) 78 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) HERMANN MO

13. NAME JACOB DOLL

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY MO

15. MAIDEN NAME UNKNOWN

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY MO

17. INFORMANT (ADDRESS) Joe of Ritschard HERMANN MO

18. BURIAL, CREMATION, OR REMOVAL PLACE RITSCHARD FARM DATE APR 21 1932

19. UNDERTAKER (ADDRESS) HERMANN WILMNER BERGER MO

20. FILED 4-19 1932 Anna Kiskhoff Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) APR 17 1932 9 15 AM

22. I HEREBY CERTIFY, That I attended deceased from April 8, 1932, to Apr 17, 1932
I last saw her alive on April 17, 1932. Death is said to have occurred on the date stated above, at 9:15 AM.
The principal cause of death and related causes of importance were as follows:
Exophthalmic goiter
66 66 66
47
Date of onset Some 3 yrs. ago

Other contributory causes of importance: arteriosclerosis

Name of operation none 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? No
If so, specify _____
(Signed) John Engelbrecht, M. D.
(Address) Stony Hill, 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.

MAY 24 1932

