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.

JAN 8 1934

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

Do not use this space.

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 36643
Township Kau — Primary Registration District No. 1002 — Registered No. 4566
City Kansas City (No. 5410 Forest St. Ward)

2. FULL NAME William Henry Ritchie
(a) Residence, No. 5410 Forest 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: Male
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
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 6-1861
7. AGE: YEARS 71 — MONTHS 11 — DAYS 15 ~~24~~ — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
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) New York

FATHER
13. NAME James Ritchie
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brooklyn New York

MOTHER
15. MAIDEN NAME Tebie Brooks
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

17. INFORMANT (ADDRESS) Mrs William Leonard 5410 Forest
18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE Nov 23 1933
19. UNDERTAKER (ADDRESS) John J Sheehan K. C. Mo
20. FILED Nov 21 1933 M. M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 21, 1933
22. I HEREBY CERTIFY, That I attended deceased from April 25, 1932, to Nov 20, 1933
I last saw him alive on Nov 20, 1933. Death is said to have occurred on the date stated above, at 5 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral apoplexy	148
	124
Coronary occlusion	301
	181

Other contributory causes of importance:
Arterio Sclerosis

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no

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) A. C. Griffith, M. D.
(Address) 1225 Rialto Bldg.

Rialto Bldg. = Vi 3647