

FEAR 24 1934

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

Do not use this space.

1. PLACE OF DEATH

County Benton
Township Marshall
City Marshall (No.)

Registration District No. 61
Primary Registration District No. 4036

File No. 3900
Registered No. 9
St. Ward

2. FULL NAME

(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 m. 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) m.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sarah Ritter

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 27 1885

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1	
				day, hrs.	or min.
	<u>48</u>	<u>9</u>	<u>21</u>		

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Benton Co. Mo
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Geo. M. Ritter

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ill.
(STATE OR COUNTRY) Ill.

12. MAIDEN NAME OF MOTHER Low Secindy

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ill.
(STATE OR COUNTRY) Ill.

14. INFORMANT Bert Ritter
(Address) Edwards, Mo

15. FILED 7/19 1934 Geo A Logan
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-18-1934

17. I HEREBY CERTIFY, That I attended deceased from 2-1, 1934, to 2-18, 1934 that I last saw him alive on 2-16, 1934, and that death occurred, on the date stated above, at 1 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocardial stenosis
hypertrophy of liver
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS Biopsy

(Signed) M. D.

7/18, 1934 (Address) Marshall, 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

DATE OF BURIAL

Calvin Ritter Feb 19 1934
20. UNDERTAKER Emo ADDRESS Woodrow

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.

