

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

Do not use this space.

18997

1. PLACE OF DEATH

County Buchanan,
Township _____
City St. Joseph, (No. 1201 North 2nd,

Registration District No. 85
Primary Registration District No. 1001

File No. _____
Registered No. 622
St. _____ Ward _____

2. FULL NAME Thomas H. Ritchie,

(a) Residence, No. 1201 North 2nd, St. _____ Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 65 yrs. 11 mos. 29 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) Single,

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 10, 1869,

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
65 11 29

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None,

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) Saint Joseph, Missouri

13. NAME Thomas H. Ritchie

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

15. MAIDEN NAME Sarah Taylor,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Maryland,

17. INFORMANT (ADDRESS) Miss Frances Ritchie, 1201 North 2nd, St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mount Mora Cem DATE June 11th, 1935

19. UNDERTAKER (ADDRESS) Stanton Betzala & Bowman, 319 So. 10th, St. Joseph, Mo.

20. FILED 6-18 19 35 John R. Bender, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 9th, 1935

22. I HEREBY CERTIFY That I attended deceased from July 10, 1934, to June 6, 1935

I last saw him alive on June 6, 1935. Death is said to have occurred on the date stated above, at 3:00 m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Lung Date of onset 1934?

Other contributory causes of importance _____

Name of operation none Date of _____

What test confirmed diagnosis? X-ray Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no 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) C. H. Maller, M. D.

(Address) St. Joseph Mo. 301 2nd

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.

