

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 3 1935

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

Do not use this space.

22895-2

1. PLACE OF DEATH

45 County Jackson Registration District No. 397 File No.
Township Prairie Primary Registration District No. 4234 Registered No.
City..... (No.....) St. Ward)

2. FULL NAME Mrs. Josie Williams Ritchey

(a) Residence, No..... St., Ward. Belton, Mo.
(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 X Jefferson D. Ritchey
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 2, 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 9 17

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

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) DeSota, Mo.

13. NAME Albert A. Williams

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

15. MAIDEN NAME Emma Wing

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York State

17. INFORMANT Mrs. R. L. Holloway
(ADDRESS) Belton, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Forrest Hill DATE July 22, 1935

19. UNDERTAKER F. K. George and Sons
(ADDRESS) Belton, Mo.

20. FILED Aug 17 1935 Mrs. Sallie Kayle
Acting Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 19, 1935

22. I HEREBY CERTIFY That I attended deceased from Deputy Coroner, 19.....

I last saw him..... alive on 4-5-19..... Death is said to have occurred on the date stated above, at 5 P.M.

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

Rupture Aorta Date of onset 7/10

Fract. Skull
Crushed chest

Other contributory causes of importance:
Multiple Fract. Inferior vena cava
Fract. Bot. arm.

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 suicide Date of injury 7/19, 1935

Where did injury occur? Jackson Co., Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Becken
Accidental
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify.....
(Signed) Victor J. Peters, M. D.
(Address) Box 3 - Lees Summit, Mo.

