

AUG 31 1935

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

Do not use this space.

26631

## 1. PLACE OF DEATH

County JacksonRegistration District No. 399Township KawPrimary Registration District No. 1002City Kansas City(No. 1410, Jackson Ave.)File No. 6201Registered No. 6201

St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

Henry Ricketts(a) Residence, No. 1410 Jackson Ave. St. 15" Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Negro 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) Dec. 25<sup>th</sup> 18437. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
91 8 18. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Common Laborer

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) many years ago 11. Total time (years) spent in this occupation \_\_\_\_\_12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky13. NAME Dont Know14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont know15. MAIDEN NAME Dont know16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont know17. INFORMANT (ADDRESS) Emma O'Neil  
1410 Jackson Ave.18. BURIAL, CREMATION, OR REMOVAL PLACE Highland Cemetery Aug. 28<sup>th</sup> '3519. UNDERTAKER (ADDRESS) C.H. Countee & Son20. FILED Aug. 28<sup>th</sup> 1935 J. B. Crowe  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 26<sup>th</sup> '3522. I HEREBY CERTIFY, That I attended deceased from Mar 20<sup>th</sup> 1928 to Aug 6<sup>th</sup> 1935I last saw him alive on Aug 24<sup>th</sup> 1935 Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

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

Valvular lesion of heart Date of onset \_\_\_\_\_

Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ 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? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) J. B. Crowe M. D.(Address) 1512 27<sup>th</sup> St. S.W. K.C. 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.

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