

MAR 14 1936

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

Do not use this space.

5209

1. PLACE OF DEATH

County Woodford Registration District No. 232
Township Leathes Primary Registration District No. 3616
City (No. _____) 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 F 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) not given
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 17 1866
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 2 18

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Clair Co Pa

13. NAME James Ritchard

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

15. MAIDEN NAME Anna Fleck

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gray Dollar
Bondville Mo

17. INFORMANT none
(ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Cross Road DATE 2-7-1936

19. UNDERTAKER not given
(ADDRESS) _____

20. FILED Feb 18 1936 J. E. Sanders
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/5-1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 1 1936 to Feb 5 1936

I last saw him alive on Feb 4 1936 Death is said

to have occurred on the date stated above, at 11 A. m.

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

Date of onset

Lobar Pneumonia

Other contributory causes of importance _____

Name of operation _____ Date of _____

What test confirmed diagnosis? physical 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. P. Royce, M. D.

(Address) _____

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.

