

APR 23 1936

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

Do not use this space.

11908

1. PLACE OF DEATH

County PettisRegistration District No. 609

Township

Primary Registration District No. 4401City Smithton Mo.

(No.)

St.

Ward)

2. FULL NAME

Fannye Ringen(a) Residence, No. Smithton Mo.

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

Female

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 OF6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 10 1864

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.7180

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.At Home9. 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)

Mo.

FATHER

13. NAME Gerard Ringen

14. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

MOTHER

15. MAIDEN NAME Adelhia Timken

16. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

17. INFORMANT

(ADDRESS)

E. R. KnoxSmithton Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Smithton Mo.

DATE

Mar. 12

1936

19. UNDERTAKER

(ADDRESS)

Gillespie Funeral HomeSedalia Mo.

20. FILED

Mar. 12

1936

Mar. 121936Mar. 121936Mar. 121936Mar. 121936Mar. 121936

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 10/36

19

22. I HEREBY CERTIFY, That I attended deceased from

2-14-36 to 3-10-36I last saw him alive on 3-10-36 Death is saidto have occurred on the date stated above, at 1308 m.

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

Chronic Myocarditis

Date of onset

930

Other contributory causes of importance:

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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.

