

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

Do not use this space.

37859

NOV 26 1936

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. 4716
 Township Jackson Primary Registration District No. 100a Registered No. 4716
 City Kansas City (No. SE Joseph Hospital) St. Mo Ward 10

2. FULL NAME

George E Ritchie
 (a) Residence, No. _____ St. _____ Ward. Topeka - KS
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 14 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct - 19 - 1869

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>67</u>	<u>0</u>	<u>6</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Ticket Agent

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. M. O. Pacific

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) Iowa

13. NAME Andrew J Ritchie

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

15. MAIDEN NAME Elizabeth Read

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind

17. INFORMANT Mrs Haura Ritchie
 (ADDRESS) 438 N Hardesty

18. BURIAL, CREMATION, OR REMOVAL PLACE Topeka KS DATE Oct - 27 - 1936

19. UNDERTAKER New Homeers Sons
 (ADDRESS) Kansas City - Mo

20. FILED 10/26 1936 M. M. Crows
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct - 25 - 1936

22. HEREBY CERTIFY, That I attended deceased from Oct. 11, 1936, to Oct. 25, 1936

I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 10 A. m.

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

Strangulated Pt Hernia (inguinal)
Infection
 Date of onset 3 days

Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? Yes

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) T. V. O'Rourke M. D.
 (Address) 1402 Bryant

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.

1402 Bryant Bldg
130-5³⁰ pm