

DEC 8 1936

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

Do not use this space.

42150

1. PLACE OF DEATH

County PhelpsRegistration District No. 677Township RollaPrimary Registration District No. 4403City Rolla(No. Rolla Hospital)

File No.

Registered No. 124

St. Ward)

2. FULL NAME Lottie Rieck(a) Residence, No. St. James, 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)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OFOR WIFE OFChas. Rieck

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

1-15-1880

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

57923

OCCUPATION

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

House wife

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) Sept. 1 - 193611. Total time (years) spent in this occupation 33 yr

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Osborn Mo

FATHER

13. NAME

James Ritchey

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

Madras Ill

MOTHER

15. MAIDEN NAME

Nannah Miller

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

Cleveland Ohio

17. INFORMANT (ADDRESS)

Chas. Rieck St. James Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Washburn DATE 11-9 1936

19. UNDERTAKER (ADDRESS)

W. L. Licklider St. James Mo

20. FILED

Nov. 9 1936 Jos. F. Ayers Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-8 193622. I HEREBY CERTIFY, That I attended deceased from 11-1-36, 19... to 11-8-36, 19...I last saw her alive on 11-7-36, 19... Death is said to have occurred on the date stated above, at 4:45 a.m.

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

General paralysis (syphilis)

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 cause (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) W. L. Licklider M. D.(Address) Rolla, 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.

