MAR 15 1937

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

Do not use this space.

File No. 4940

Registered No. 18

1. PLACE OF DEATH
2 County Bates
3 Township Mt. Pleasant
4 City Butler (No. Butler Memorial Hosp. St. Ward)

Registration District No. 50
Primary Registration District No. 3004

2. FULL NAME Sallie Elizabeth Ritter

(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 W
5. SINGLE, MARRIED, WIDOWED, OR ~~DIVORCED~~ (Write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF C. H. Ritter

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April-6-1871

7. AGE Years 65 Months 10 Days 19 If LESS than 1 day, hrs. or min.

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

12. BIRTHPLACE (CITY OR TOWN) St Joseph
(STATE OR COUNTRY) Missouri

FATHER
13. NAME Newton Nicholson
14. BIRTHPLACE (CITY OR TOWN) Don't Know
(STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME (Mrs.) Fowler
16. BIRTHPLACE (CITY OR TOWN) Don't Know
(STATE OR COUNTRY)

17. INFORMANT C. H. Ritter
(ADDRESS) Adrian, Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Crescent Hill DATE Feb 28 1937

19. UNDERTAKER Crawford
(ADDRESS) Adrian, Mo

20. FILED Feb 28, 1937. Nina L Culver
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/25, 1937

22. I HEREBY CERTIFY, That I attended deceased from November 23, 1936, to February 25, 1937
I last saw her alive on February 25, 1937. Death is said to have occurred on the date stated above, at 8 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pernicious Anemia	

Other contributory causes of importance:
None, age

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) E. E. Robinson, M. D.
(Address) Adrian 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.