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.

JUN 29 1937

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

Do not use this space.

Registration District No. 798
Primary Registration District No. 6042

File No. 21453
Registered No.

1. PLACE OF DEATH
County: Saline
Township: Blackwater
City: Nelson (No. ..., ..., St. ..., Ward)

2. FULL NAME: James Wheeler Ritchey
(a) Residence, No. Route 2 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: 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: Mrs. Loma Riley Ritchey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 20, 1889

7. AGE: Years 57 | Months 11 | Days 16 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
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.: Farmer
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): Walpole, Indiana

FATHER
13. NAME: James Wesley Ritchey
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Franklin, Mo.

MOTHER
15. MAIDEN NAME: Josephine Williams
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Walpole, Indiana

17. INFORMANT (ADDRESS): Mrs. M.F. Baker, Nelson, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Nelson DATE: Jan. 8, 1937

19. UNDERTAKER (ADDRESS): Duane Ewing, Sedalia, Mo.

20. FILED: June 15, 1937 E. L. Criswell, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 1-6, 1937

22. I HEREBY CERTIFY, That I attended deceased from 12-11, 1936, to 1-6, 1937
I last saw him alive on 1-3, 1937. Death is said to have occurred on the date stated above, at 7:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral vascular accident	1/31/36
arterial hypertension,	8 yrs.
assumed	

Other contributory causes of importance:

Diabetes mellitus	?

Name of operation: Date of:
What test confirmed diagnosis? Was there an autopsy? No

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? No
If so, specify:
(Signed) [illegible], M. D.
(Address) Boonville, Mo

Dr. Wind

Boonville