

REC'D MAR 24 1938

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

Do not use this space.

8045
759

1. PLACE OF DEATH

County

Township

City

St. Francois
Randolph
Elvins

Registration District No.

Primary Registration District No.

(No.

772
6024C

File No.

Registered No.

St.

Ward)

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.

Ward.

(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.

Mary Emilin Ritter 360

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

♂

W

Widow

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

Widowed

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

Sept. 6, 1850

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

87

5

1

OCCUPATION

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

at Home

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

65

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

Ky

13. NAME

Hile Parmley

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

Ky

15. MAIDEN NAME

Nancy Lane

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

Ky

17. INFORMANT

(ADDRESS)

Thos Aley ander

18. BURIAL, CREMATION, OR REMOVAL

PLACE

NOV Run No.

DATE

2-9

1938

19. UNDERTAKER

(ADDRESS)

Jos Diemer

FLAT RIVER MO

20. FILED

3/7

1938

O'Barrar

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

2-7

1938

22. I HEREBY CERTIFY, That I attended deceased from February 1st, 1938, to February 7th, 1938

I last saw her alive on February 1st, 1938. 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:

Myocarditis

Date of onset 10 days

186 as 18

Other contributory causes of importance:

-Arterio-sclerosis
Fracture of surgical neck of left femur

Name of operation

No

Date of

What test confirmed diagnosis?

None

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

Edgar E. Whiteside, M. D.

(Signed)

Edgar E. Whiteside

687

(Address)

Elvins 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.

1860

18

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

5048
Do not use this space.

1. PLACE OF DEATH
 (a) County St. Francois Registration District No. 772
 (b) Township Barndolph Primary Registration District No. 6024C Registered No. _____
 (c) City _____ (d) Street No. _____ St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mary Emilie Ritter
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Wid
 (write the word)

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
87 5 1

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as 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)

FATHER
 13. NAME

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

MOTHER
 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
 PLACE _____ DATE _____ 19__

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 4-30-38 G. A. Farrer Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-7 1938

22. I HEREBY CERTIFY, That I attended deceased from

19__ to 19__

I last saw him alive on _____, 19__ Death is said

to have occurred on the date stated above, at _____ m.

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

Myocarditis Date of onset _____

Arteriosclerosis
fracture surgical neck of left femur. Fr. in the right when she was 1864

Other contributory causes of importance:

Arteriosclerosis
fracture surgical neck of left femur. Fr. in the right when she was 1864

Name of operation _____ Date of _____

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? accid. Date of injury 4/30/38

Where did injury occur? at her home near her home

St. Francois Co. Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury from a fall on the floor

Nature of injury fracture of surgical neck of left fem.

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Edgar E. Whiteside M. D.

(Address) Elvins

SUPPLEMENTARY

RECORDS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW. of OCCUPATION is very important. ne prop. CAUSE OF DEATH in plain

S-804S