

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JAN 3 1946

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

Do not use this space.

42700

1. PLACE OF DEATH
 County Barton Registration District No. 1000
 Township Richland Primary Registration District No. 2
 City Richland (No. 1) St. _____ Ward _____

File No. 5
 Registered No. 5

2. FULL NAME Jospeh Quirin Ritteruach
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS				
3. SEX <u>male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Ida Hobbs</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 17th, 1975</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>63</u>	<u>5</u>	<u>7</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>			
	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) (STATE OR COUNTRY) <u>Lebanon, MO.</u>				
FATHER	13. NAME <u>Conrad Ritterbach</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>			
MOTHER	15. MAIDEN NAME <u>Jane Coffee</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>			
17. INFORMANT <u>Jospentine Ritteruach</u> (ADDRESS) <u>Lamar, Mo</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Richland Cemetery near Angola, Kansas</u> <u>7-27-38</u> <u>River Funeral Home</u>				
19. UNDERTAKER (ADDRESS) <u>Lamar, MO.</u>				
20. FILED <u>1/2/31</u> 19 <u>39</u> Registrar _____				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (MONTH, DAY, AND YEAR)	<u>July 24, 1938</u>
22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.	
I last saw h_____ alive on _____, 19____. Death is said to have occurred on the date stated above, at <u>11:30 A.M.</u>	
The principal cause of death and related causes of importance were as follows: <u>Was run over by freight train 1/2 mile west of Kansas and killed instantly. Skull fractured - neck broken. Left ankle fractured.</u> Date of onset _____	
Other contributory causes of importance: <u>707 M</u>	
Name of operation _____	Date of _____
What test confirmed diagnosis? _____	Was there an autopsy? <u>no</u>
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? <u>accident</u> Date of injury <u>July 24, 1938</u> 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) <u>C. E. Duesett</u> M. D. (Address) <u>Lamar, Mo.</u>	

Coroner of Barton Co.

