WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

14867

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City ..... (No. 3932 Penrose St. ..... Ward)

File No. .....

Registered No. 3766

2. FULL NAME William H. Ricks

(a) Residence. No. 3932 Penrose St., 10 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)~~: Widower

6A. ~~IF MARRIED, WIDOWED, OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~ Elizabeth Ricks

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 19

7. AGE: Abt. 59 YEARS | MONTHS | DAYS | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): Shoe Worker
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Syracuse N. Y.

PARENTS

10. NAME OF FATHER: Henry Ricks

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): England

12. MAIDEN NAME OF MOTHER: Elizabeth Hulchin

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): England

14. INFORMANT: Robert Ricks
(Address) 3932 Penrose

15. FILED APR -5 1928 19 Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 3 1928

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19....., that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at 3 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis
93-C
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Asthma
non Tubercular (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED? 90B
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. W. Kerner M.D.
4/4 1928 (Address) Dep. Corner

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Bellefontaine
DATE OF BURIAL: April 6 1928

20. UNDERTAKER: Bensick-Niehaus
ADDRESS: 1138 N6