

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

Do not use this space.

1. PLACE OF DEATH

County Lafayette Registration District No. 460
 Township Davis Primary Registration District No. 5624-a
 City Higginsville (No.) St. Ward)

File No. 27738
 Registered No. 66

2. FULL NAME Samuel 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (use the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 18 1898

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
29 11 29

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

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8-18-1928 19 28

17. I HEREBY CERTIFY That I attended deceased from Aug. 16, 1928, to Aug. 18, 1928, that I last saw him alive on Aug. 18, 1928, and that death occurred, on the date stated above, at 9:00 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Secondary hemorrhages and uremia
37
32-12 (duration) yrs. mos. da.
 CONTRIBUTORY Prostatectomy, 7
 (SECONDARY) wks. ago (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED? NOT AT PLACE OF DEATH.
 DID AN OPERATION PRECEDE DEATH? yes DATE OF
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) W. P. McKin, M. D.
8-18-1928 (Address) Higginsville Mo

9. BIRTHPLACE (CITY OR TOWN) Hopewell
 (STATE OR COUNTRY) Marion Mo

10. NAME OF FATHER Simon Ritter

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

12. MAIDEN NAME OF MOTHER Aggie Brinkman

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

14. INFORMANT Maudie Ritter - wife
 (Address) Higginsville Mo.

*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.

15. FILED 8/20 28 1928 Lessie R. Porter REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL
Evg. Cemetery, H-ville, Mo. 8-20-1928

20. UNDERTAKER ADDRESS
Robert M. Mink H-ville. 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.

1928

