

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.

JAN 23 1933

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

Do not use this space.

39065

1. PLACE OF DEATH *De Kalb* Registration District No. *209*
 County *De Kalb* Township *Sherman* Primary Registration District No. *236*
 City (No. *6 miles N. E. of Clarkedale Mo*) St. _____ Ward _____
 2. FULL NAME *Mary F. Ritche*
 (a) Residence, No. *6 mi. N. E. of Clarkedale Mo* 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 *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) *Widowed*
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *John Ritche*
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Nov 7, 1859*
 7. AGE YEARS *73* MONTHS *0* DAYS *24* If LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *None*
 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) *Clinton Mo* (STATE OR COUNTRY) *Mo*

13. NAME *Nathan Blankenship*

14. BIRTHPLACE (CITY OR TOWN) *Unknown* (STATE OR COUNTRY) *Kentucky*

15. MAIDEN NAME *Sarah Kerns*

16. BIRTHPLACE (CITY OR TOWN) *Unknown* (STATE OR COUNTRY) *Tennessee*

17. INFORMANT *W. H. Ritche* (ADDRESS) *1014 N. 78th St St Louis Mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Union Chapel Cem* DATE *Dec 4 1932*

19. UNDERTAKER *H. O. Radey* (ADDRESS) *St Louis Mo*

20. FILED *Dec 2 1932* *J. J. Phelps* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Dec 1, 1932*
 22. I HEREBY CERTIFY, That I attended deceased from *Oct - 31 - 1932 to Same Date 1932*
 I last saw h. or alive on *Oct - 31 - 1932* Death is said to have occurred on the date stated above, at *3:00 p.m.*
 The principal cause of death and related causes of importance were as follows:

Hemiplegia

82D 2 H

Other contributory causes of importance:

Date of onset

Name of operation _____ Date of _____
 What test confirmed diagnosis? *chemical* 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) *Osbert L. Perkins*, M. D.
 (Address) *Clarkdale, Mo*

