

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

Do not use this space.

**JUN 17 1936**

19501  
2257

**1. PLACE OF DEATH**

County Jackson Registration District No. \_\_\_\_\_  
Township Kaw Primary Registration District No. \_\_\_\_\_  
City Kansas City (No. Lucerne Hotel St. \_\_\_\_\_ Ward)

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

**2. FULL NAME** Emma Howard Ricketts

(a) Residence, No. Lucerne Hotel 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Singel

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 14, 1936

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

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 1931, to May 14, 1936

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) No record

I last saw her alive on May 14, 1936. Death is said to have occurred on the date stated above, at \_\_\_\_\_ P. \_\_\_\_\_ m. 1:50

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min. about 78

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

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 \_\_\_\_\_

1. Cerebral hemorrhage Date of onset May-9  
2. Broncho pneumonia May-6  
3. Arterial hypertension 230 one year  
Other contributory causes of importance: Arterio. Sclerosis & degeneration

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

Name of operation Spinal fracture Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

FATHER 13. NAME Wm. C. Ricketts

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

MOTHER 15. MAIDEN NAME Gabriella Bush

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

17. INFORMANT Percy A. Budd, (ADDRESS) R. A. Long Bldg., Kansas Cy., Mo.

18. BURIAL, CREMATION AND REMOVAL X Elmwood Cemetery  
PLACE Kansas City, Mo. DATE May 16, 1936

19. UNDERTAKER Stine & McClure (ADDRESS) 3235 Gillham Plaza

20. FILED May 16, 1936 M. M. Crow, Registrar.

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?  
If so, specify \_\_\_\_\_  
(Signed) Herbert Luthell, M. D.  
(Address) 1125 Riatts Bldg

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

