

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.

MAN 28 1937

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

Do not use this space.

43816

1. PLACE OF DEATH

County Buchanan

Registration District No. 35

Township

Primary Registration District No. 300

City St. Joseph

(No. Mo. Methodist Hospital)

File No.

Registered No. 1510

St. Ward

2. FULL NAME Ernestine Elliott Riche

(a) Residence, No. St. Cosby Mo.

(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. I 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 16 1916

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 20 4 22

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.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 4 miles N.E. Helena Mo.

13. NAME William H. Riche

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hemple Mo.

15. MAIDEN NAME Estella Files

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Union Star Mo.

17. INFORMANT Clyde Riche. St. Joseph Mo. (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Union Chapel, Helena Mo. 12.10

19. UNDERTAKER Barry - J. J. 218 1/2 S. 11th (ADDRESS)

20. FILED Dec 9 1936 H. H. Nestlebaum Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 8 36 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 7 1936, to Dec 8 1936

I last saw h. alive on Dec 8 1936. Death is said to have occurred on the date stated above, at 9 P.M. m.

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

Post operative shock
following upper lip opera-
tion 8 days previous

Other contributory causes of importance:

Name of operation after-dectomy Date of 12/8-36
What test confirmed diagnosis? Clinical 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 12/8/36, 1936
Where did injury occur? at home
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury at home
Nature of injury at home

24. Was disease of injury in any way related to occupation of deceased? No
If so, specify

(Signed) W. H. Nestlebaum, M. D.
(Address) 211 Poplar St. St. Joseph Mo.

