

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

Do not use this space.

JUN 2 1 1937

1. PLACE OF DEATH

39 County Greene
Township Campbell
City Springfield, Mo

Registration District No. 318
Primary Registration District No. 2001
No. Baptist Hospital

File No. 20002
Registered No. 0372
St. _____ Ward _____

2. FULL NAME Lelah E. Ritchie

(a) Residence, No. 5 miles North of Walnut Shade, 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. 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF C. E. Ritchie

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 11, 1880

7. AGE YEARS 56 MONTHS 9 DAYS 20 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife
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) Carrol County, Va.

13. NAME Orin Lineberry

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

15. MAIDEN NAME Ardelia Scott

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

17. INFORMANT (ADDRESS) C. E. Ritchie Walnut Shade, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Walnut Shade DATE May 2, 1937

19. UNDERTAKER (ADDRESS) B. C. Klepper Ozark, Missouri

20. FILED May 1 1937 Chas A. George Reg.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Saturday 5/1/37

22. I HEREBY CERTIFY, That I attended deceased from April 24, 1937, to May 1st, 1937. I last saw her alive on April 24, 1937. Death is said to have occurred on the date stated above, at 1:25 a.m.

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

Cancer of Left Ovary and B. Ovary
Primary of ovary

Other contributory causes of importance: HA

Name of operation Laparotomy Date of April 24, 1937
What test confirmed diagnosis? _____ 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) J. H. Wade, M. D.
(Address) Ozark, Mo.

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.

