

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

Do not use this space.

8123

1. PLACE OF DEATH  
 County Jackson Registration District No. 32  
 Township New Primary Registration District No. 37  
 City K. C. Mo. (No. 3722 - E-27th St., St. Ward)

2. FULL NAME Mary Luella Ridgway  
 (a) Residence No. 3722 - E-27 St. Ward. (If nonresident give city or town and State)  
 (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) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept-20-1925

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
1 5 6

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

10. NAME OF FATHER Henry Ridgway

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

12. MAIDEN NAME OF MOTHER Madan Payne

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

14. INFORMANT Henry Ridgway  
 (Address) 3722 E-27th St

15. FILED 37, 27 M. M. Crowe  
Asst REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar-6-1927

17. I HEREBY CERTIFY, That I attended deceased from 3-2 1927, to 3-6 1927, that I last saw him alive on 3-4 1927, and that death occurred, on the date stated above, at 11:58 AM in

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Lobar Pneumonia  
101A

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH.....  
 DID AN OPERATION PRECEDE DEATH? Yes DATE OF.....  
 WAS THERE AN AUTOPSY? No  
 WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) C. E. Tolle, M. D.  
37 1927 (Address) 305 Peliana K. C. 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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Elmwood DATE OF BURIAL Mar 8, 1927

20. UNDERTAKER Mrs. C. L. Forster ADDRESS K. C. 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.

29<sup>th</sup>, Jan  
Lm: 2570

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