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

Do not use this space.
39189

File No. 1
Registered No. 118

1. PLACE OF DEATH
County: Stoddard — Registration District No. 838
Township: — Primary Registration District No. 4509
City: Dexter (No. ..., ..., St. ..., Ward)

2. FULL NAME: Minerva Jane Riddle

(a) Residence. No. ... St., ... Ward. ...
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 4 yrs. — mos. — ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mch - 16 - 1853

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	74	8	19	

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

9. PLACE OF RESIDENCE (CITY OR TOWN): Dexter
(STATE OR COUNTRY): Mo.

PARENTS
10. NAME OF FATHER: Robert B Neal
11. BIRTHPLACE OF FATHER (CITY OR TOWN): ...
(STATE OR COUNTRY): Tenn.
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): ...
(STATE OR COUNTRY): Unknown

14. INFORMANT: Robert Hagy.
(Address): Dexter Mo.

15. FILED 12/5, 1927 F. LaRue
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec - 5 - 1927

17. I HEREBY CERTIFY, That I attended deceased from Dec - 3 -, 1927, to Dec - 5 -, 1927, that I last saw h. alive on Dec - 4 -, 1927, and that death occurred, on the date stated above, at 5 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Intestinal obstruction
(following acute indigestion)
(duration) — yrs. — mos. 3 ds.
CONTRIBUTORY (SECONDARY) Senility
(duration) ... yrs. ... mos. ... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? no —
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) F. LaRue, M. D
, 19 (Address) Dexter 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: Saddler Chapel — DATE OF BURIAL: Dec - 6 - 1927
20. UNDERTAKER: C A Biggs — ADDRESS: Dexter Mo

CAUSE OF DEATH in plain terms

Please give
cause of acute
indigestion
and Intestinal
Distruction.

2cc

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH
County: Stoddard — Registration District No.: 838 — File No.:
Township: — Primary Registration District No.: 4309 — Registered No.: 118
City: Dexter (No. ..... St. ..... Ward)

2. FULL NAME: Minerva Jane Riddle

(a) Residence. No. ..... 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

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
F	W	W

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

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

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

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(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)

PARENTS
10. NAME OF FATHER
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY)

14. INFORMANT
(Address)

15. FILED ..... 19 ..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 3 -- 19 27

17. I HEREBY CERTIFY, That I attended deceased from ....., 19..... to ....., 19....., that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Intestinal Obstruction following acute indigestion from over eating.
(duration) ..... yrs. ..... mos. ..... ds.

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

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? ..... DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) ....., M. D
, 19 (Address)

*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	DATE OF BURIAL 19
20. UNDERTAKER	ADDRESS

SUPPLEMENTARY

1913

N. B. ... should be carefully supplied. AGE should be stated EXACTLY. ... that it may be properly classified. Exact statement of OCCUPATION is very important.
CAUS ... CEIVE A FEE FOR CERTIFICATES UNTIL THE ... COMPLETE AS PRESCRIBED BY LAW
REGIS

S-39189