

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 398 File No. 4804
 Township Blue Primary Registration District No. 5554 Registered No. 63
 City Indep. Mo. (No. 12003 Winner Road) St. _____ Ward)

2. FULL NAME

(a) Residence. No. 12003 Winner Road 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widower

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 26 - 1840

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
87 4 18

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

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

10. NAME OF FATHER asa J. Ridgway

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

12. MAIDEN NAME OF MOTHER Martha Willits

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

14. INFORMANT Katherine Ridgway
 (Address) 12003 Winner Road

15. FILED Feb 17, 1928 F. L. COOK
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) February 14th 1928

17. I HEREBY CERTIFY, That I attended deceased from February 10th, 1928, to February 14th, 1928
 that I last saw him alive on February 14th, 1928, and that death occurred, on the date stated above, at Jackson County, Mo
8¹⁵ 27.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia Lobar

108 (duration) yrs. mos. ds. 5

CONTRIBUTORY (SECONDARY) 1010
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH? _____

0 DID AN OPERATION PRECEDE DEATH? NO DATE OF _____
 WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) L. B. Sawyer, M. D.
2/16, 1928 (Address) 221 W 51st Terrace

*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 Mt Washington DATE OF BURIAL 2/16/28
 19

20. UNDERTAKER The Freeman Mortuary 42nd St Baltimore ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

1928

