2 1928

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

Do not use this space.

14351

1. PLACE OF DEATH
County: Phelps
Township:
City: Rolla (No. ..... St. ..... Ward)
Registration District No. 677
Primary Registration District No. 4403
File No.
Registered No. 26

2. FULL NAME Winfred Eugene Riden
(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: male
4. COLOR OR RACE: wht
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): ✓

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 12-1928

7. AGE: YEARS | MONTHS: 3 | DAYS: 3 | 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) Licking
(STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER Millard Riden
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Phelps co
(STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER Gertrude Lee
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Miller Co. Mo

14. INFORMANT Millard Riden
(Address) Rolla Mo

15. FILED April 16 1928. Jos. F. Ayers REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 16 1928

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:
Accidental Asphyxia
(Found dead in bed.)
182 (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Bedcovers to close about head. (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? 1-80
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? none
(Signed) Geo. W. Horton M. D
April 16 1928 (Address) Rolla 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: Rolla
DATE OF BURIAL: 4/16 1928

20. UNDERTAKER: Mill & Bicklider
ADDRESS: Rolla, Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.