

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

Do not use this space.

17702

1. PLACE OF DEATH Linn
 County.....Linn..... Registration District No. 496
 Township..... Primary Registration District No. 3025
 City Brookfield (No.) St. Ward

2. FULL NAME Sally Harris Ridings
 (a) Residence. No. 211 E. Park St. Ward.
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND or (OR) WIFE OF Dr. O H Ridings

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 4-28-1956

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
72 22

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

9. BIRTHPLACE (CITY OR TOWN) Middlegrove
 (STATE OR COUNTRY) Mo

10. NAME OF FATHER Joseph Harris

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Do Not Know
 (STATE OR COUNTRY) Kentucky

12. MAIDEN NAME OF MOTHER Do not know

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

14. INFORMANT Hugh Ridings
 (Address) Brookfield Mo

15. FILED 5-22-28 Bessie M. Fox
Deputy REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May-20-1928

17. I HEREBY CERTIFY, That I attended deceased from May 20, 1928, to May 20, 1928, that I last saw her alive on May 20, 1928, and that death occurred, on the date stated above, at 19 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
93B
Heart
Myocardial
infarction
 (duration) yrs. mos. L. ds.
 CONTRIBUTORY (SECONDARY) Senility
 (cause) 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) W. H. ..., M. D.
 , 19 Brookfield Mo (Address)

*State the DISEASE CAUSING DEATH, or in deaths from ACCIDENTAL CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Meadville Mo. DATE OF BURIAL 5/22 1928

20. UNDERTAKER C. White ADDRESS Brookfield

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.

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