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

Do not use this space.

31957

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 9217

City St Louis Mo (No. St John Hosp St. ..... Ward)

2. FULL NAME Everett Roscoe Rideout

(a) Residence. No. 2634 Ann St., 23 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)
male	white	married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 31st 1894

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	34	5	13	

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

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

PARENTS

10. NAME OF FATHER Doc. Young Rideout

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

12. MAIDEN NAME OF MOTHER — Dosett

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

14. INFORMANT Geo H. Rideout
(Address) 2634 Ann Ave

15. FILED ....., 19.. [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 13 1928

17. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1928, to Sept 13, 1928, that I last saw h. alive on Sept 13, 1928, and that death occurred, on the date stated above, at 3.15 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

121 Acute appendicitis
129

(duration) ..... yrs. ..... mos. 15 ds.

CONTRIBUTORY (SECONDARY) General peritonitis

(duration) ..... yrs. ..... mos. 13 ds.

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

DID AN OPERATION PRECEDE DEATH? Yes DATE OF 9-1-28

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Usual.

(Signed) [signature], M. D

9-14, 1928 (Address) 23050 Grand

*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
Poplar Bluff Mo	9-15-1928
20. UNDERTAKER	**ADDRESS**
Peetz Bros 3029	Laf. Ave

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.