

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

Do not use this space.

40668

1. PLACE OF DEATH

County Jackson
Township Kear
City Kansas City (No. 2910 E. 40)

Registration District No. 399
Primary Registration District No. 1002

File No. 5023
Registered No. 5042 St. 5042 Ward

2. FULL NAME

Mary Frances Riddle

(a) Residence. No. 2910 E. 40 St. 16 Ward.

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 11, 1849

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
79 3 79

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)

(STATE OR COUNTRY) Kentucky

10. NAME OF FATHER

George Bowen

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Va.

12. MAIDEN NAME OF MOTHER

Ellie Grant

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Va.

14.

INFORMANT George S. Riddle
(Address) 7910 E. 40

15.

FILED 17/11, 1929 M. M. Lawrence
Doer REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 19, 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1928, to date 12/19/28, 1928 that I last saw her alive on Dec 10, 1928, and that death occurred, on the date stated above, at 6:22 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Arteriosclerosis.

97
sworn 9/13
CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, at Home

DID AN OPERATION PRECEDE DEATH? No DATE OF Dec 1, 1928

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) W. H. Thompson M. D.
17/11, 1928 (Address) 6318 Baltimore

*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

W.C. Washington 12/17/28

20. UNDERTAKER

ADDRESS

Lucas Mortuary
104 N. 47

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

Dr. F. Thompson

6318 Baltimore