

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

Do not use this space.

1231

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Raw Primary Registration District No. 1002
City Kansas City No. 308 Newton St. _____ Ward _____

File No. _____
Registered No. 722
St. _____ Ward _____

2. FULL NAME

Iva R. Ridpath
(a) Residence. No. 308 Newton St. 10 Ward _____

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>wh</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Clyde Ridpath</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>March 3, 1881</u>				
7. AGE	YEARS <u>48</u>	MONTHS <u>10</u>	DAYS <u>13</u>	IF LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. Housewife
(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)
Ind.

PARENTS

10. NAME OF FATHER <u>Wm. Tuley</u>
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Ind.</u>
12. MAIDEN NAME OF MOTHER <u>Simpson</u>
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Ind.</u>

14. INFORMANT Clyde Ridpath
(Address) 308 Newton

15. FILED Jan 17, 19 30 M. M. Crowe
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 16 19 30
17. I HEREBY CERTIFY, That I attended deceased from Dec 27, 1930, to Jan 17, 1930, that I last saw her alive on Jan 14, 1930, and that death occurred, on the date stated above, at 2:10 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis
93C
(duration) yrs. 6 mos. ds.
CONTRIBUTORY (SECONDARY) Calcular disease of heart
(duration) yrs. 6 mos. ds.

18. WHERE WAS DISEASE CONTRACTED? Ind.
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) A. Camery M.D.
Jan. 17, 19 30 (Address) 6520 Ind. Ave

*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 Monett, Mo. DATE OF BURIAL Jan 18 1930

20. UNDERTAKER A. H. Newcomer's Sons
ADDRESS Mo.

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.

6520 Adams Ave.

Den 0756.

not a typical