

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

Do not use this space.

5129

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Paris Primary Registration District No. 100
City St. Joe (No. 3034) Belmond St. _____ Ward)

File No. _____
Registered No. 787
St. _____ Ward)

2. FULL NAME

Effie Lena Riddick
(a) Residence No. 100 Rogers Arkansas 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 Female 4. COLOR OR RACE Wh. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE E. B. Riddick

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 3 - 18 81

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
48 6 17

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) Garfield
(STATE OR COUNTRY) Arkansas

10. NAME OF FATHER A. T. Caschal

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

12. MAIDEN NAME OF MOTHER _____

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) No Record
(STATE OR COUNTRY) _____

14. INFORMANT Mrs. H. D. Sherman
(Address) 3034 Belmond

15. FILED 7/20 19 30 M. M. Crowe
REGISTRAR Ans

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 20 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 28, 1930, to Feb 20, 1930, that I last saw her alive on Feb 17, 1930, and that death occurred, on the date stated above, at 11:05 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Interstitial Nephritis
131 (duration) 1 yrs. 6 mos. ds.
132 B Uremia

CONTRIBUTORY (SECONDARY) 139 A (duration) 2 mos. ds.

18. WHERE WAS DISEASE CONTRACTED? Rogers, Ark
IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? physical
(Signed) Arthur L. Henson M. D.
70, 1930 (Address) 3324 East 31st Kc 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 Rogers Arkansas DATE OF BURIAL Feb 21, 1930

20. UNDERTAKER Mrs. C. L. Goutier ADDRESS K.C. Mo.

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.

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

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2
30

31 st. Indiana

3324-E-31