

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

Do not use this space.

5862

**1. PLACE OF DEATH**

County Oregon  
Township Thayer  
City (No. \_\_\_\_\_) \_\_\_\_\_

Registration District No. 632  
Primary Registration District No. 4382

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Johnston Wesley Ridgway

(a) Residence No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 15 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U. S., if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX. Male 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 Sarah Elston

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May-22-1886

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>73</u>	<u>5</u>	<u>23</u>		

8. OCCUPATION OF DECEASED Retired 154 900  
(a) Trade, profession, or particular kind of work  
(b) General nature of industry, business, or establishment in which employed (or employer) Farmer  
(c) Name of employer Self

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

10. NAME OF FATHER J. W. Ridgway

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

12. MAIDEN NAME OF MOTHER Mary Hazard

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

14. INFORMANT (Address) A. L. Carr  
Thayer Mo

FILED 28 1930 Sp. Rheo REGISTRAR

**3 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-15-1930

17. I HEREBY CERTIFY, That I attended deceased from 2-3-1930, to 2-14-1930, and that that I last saw h. \_\_\_\_\_ alive on 2-14-1930, and that death occurred, on the date stated above, at 2:35 a. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Pericarditis with dropsy  
duration perhaps several months  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY (SECONDARY) Osteomyelitis rib  
Farmer (duration) many years

18. WHERE WAS DISEASE CONTRACTED? 1550  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

19. DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS? H. B. Hull, M. D.  
(Signed) 2/28/30 1930 (Address Manassah Spring Ark)

\*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 Thayer Cemetery DATE OF BURIAL 2/17 1930

20. UNDERTAKER Les Carr ADDRESS Thayer 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.

MAR 28 1930

