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

Do not use this space.

18963

File No. .....

Registered No. 21

1. PLACE OF DEATH

County: Clinton — Registration District No.: 206

Township: Lathrop — Primary Registration District No.: 5284A.

City ..... (No. ....., ... St., ... Ward)

2. FULL NAME: Frances L. Riddle

(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 ..... 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: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept 19. 1912

7. AGE: Years 17 | Months 8 | Days 26 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: 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): Lathrop, Mo.

PARENTS

10. NAME OF FATHER: Floyd M. Riddle

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

12. MAIDEN NAME OF MOTHER: Lillie Gall.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Plattsburg Co. Mo.

14. INFORMANT: Lillie Riddle
(Address): Lathrop. Mo.

15. FILED 6-16-30 [redacted] L. T. Kinney, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 6/15 1930.

I HEREBY CERTIFY, That I attended deceased from June 11 - 30, to June - 15 - 30, that I last saw h. alive on June 15 - 30, and that death occurred, on the date stated above, at 2:30 p. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Acute Endocarditis
9 hr

(duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (SECONDARY) .....
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) F. J. Lockfield, M. D.

6-16-, 1930 (Address) Lathrop, 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: Lathrop Mo. — DATE OF BURIAL: 6-17- 1930

20. UNDERTAKER: Sey Mrs Evans — ADDRESS: Lathrop, 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. WITHIN 10 DAYS AFTER DEATH, MAIL TO REGISTRAR.