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

Do not use this space.

JUL 23 1930

20189

1. PLACE OF DEATH
County: Nodaway — Registration District No. 627
Township: Union — Primary Registration District No. 5829
City: ~~R.F.D. # 2, Pickering~~, Mo. (If outside city limits give township) St. ..... Ward ..... — File No. ..... Registered No. .....

2. FULL NAME: Rufus George Ringgold
(a) Residence. No. R.F.D. #1, Hopkins, St. Mo. Ward. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 26 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 ~~OR (OR) WIFE OF~~: Bertha Annette Johnson

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feb 9, 1880

7. AGE: Years 50 — Months 3 — Days 25 — If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN): near Pickering
(STATE OR COUNTRY): Missouri

PARENTS
10. NAME OF FATHER: John William Ringgold
11. BIRTHPLACE OF FATHER (CITY OR TOWN): near Terre Haute
(STATE OR COUNTRY): Indiana
12. MAIDEN NAME OF MOTHER: Susie Gray
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): near Pickering
(STATE OR COUNTRY): Missouri

14. INFORMANT: Mrs. Bertha A. Ringgold
(Address): RFD #1, Hopkins, Mo.

15. FILED Jul 7, 1930. Mrs. N. G. Smith
July-5-30 C. P. Fryer M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): June 4 1930

17. I HEREBY CERTIFY, That ~~I attended deceased from ....., 19....., to ....., 19.....~~ ~~that I last saw h. alive on ....., 19....., and that~~ death occurred, on the date stated above, at about 11:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Struck by lightning
1932
Instantaneous (duration) ..... hrs. ..... mos. ..... ds.
CONTRIBUTORY (SECONDARY) 195 (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED? IF NOT AT PLACE OF DEATH? at place of death
DID AN OPERATION PRECEDE DEATH? No. DATE OF .....
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Chas. D. Humbert, M.D.
June 4, 1930 (Address) Coroner, Nodaway Co., Barnard 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: Hopkins (Mo.) Cemetery — DATE OF BURIAL: 6-7 1930

20. UNDERTAKER: Price Furniture Co. — ADDRESS: Maryville, 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.

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