

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

Do not use this space.

28630

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City Sherridan (No. 5th Sheridan)

File No.
Registered No. 8538
St. Ward)

2. FULL NAME

(a) Residence. No. 314 Sheridan St. 21 Ward. (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 7 4. COLOR OR RACE Col. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 4-16-1889

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 41 4 10

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) Coffeeville
(STATE OR COUNTRY) Miss.

10. NAME OF FATHER Jake Riddick

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Coffeeville
(STATE OR COUNTRY) Miss.

12. MAIDEN NAME OF MOTHER Ethel Snyder

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

14. INFORMANT Miss D. J. Madigan
(Address) 314 Sheridan

15. FILED AUG 28 1930 Karl C. Stanley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8-26 1930

17. I HEREBY CERTIFY, That I attended deceased from 8-23 30, 1930, to 8-26 30, 1930, that I last saw her alive on 8-25 30, 1930, and that death occurred, on the date stated above, at 12:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
130
Intermittent Nephritis
acute cause unknown (duration) yrs. mos. 7 ds.

CONTRIBUTORY (SECONDARY) uremia
(duration) yrs. mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH 128

DID AN OPERATION PRECEDE DEATH? no DATE OF.....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Spinal fluid Urinary s.c.
(Signed) G. A. Gaitens, M. D.

, 19 (Address) 3200 Lucas 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 Coffeeville, Miss. DATE OF BURIAL 8-29 1930

20. UNDERTAKER Carter Funeral Home ADDRESS 4197
Funnel

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

