DEC 22 1930

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

Do not use this space.

36504

File No.

Registered No.

1. PLACE OF DEATH
County Jasper
Township E. Jackson
City (No. St. Ward)

Registration District No. 408
Primary Registration District No. 5563a

2. FULL NAME Wm James Riddle
(a) Residence. No. R#7 Carthage Mo St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 65 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: Dora Riddle

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 14-1864

7. AGE: Years 66 | Months 4 | Days 26 | If LESS than 1 day, ..... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farming
(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): Lawrence Kans

PARENTS
10. NAME OF FATHER: Geo W. Riddle
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): N.C.
12. MAIDEN NAME OF MOTHER: Sarah Young
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Tenn

14. INFORMANT: Mrs Dora Riddle
(Address) Carthage Mo R#7

15. FILED 11/11, 1930 E. H. Ketchdell REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Nov. 9 1930

17. I HEREBY CERTIFY, That I attended deceased from 10/27, 1930, to 11/9, 1930 that I last saw him alive on 11/7, 1930, and that death occurred, on the date stated above, at 5:45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Tuberculosis
(duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Acute nephritis
(duration) yrs. 1½ mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS? autopsy
(Signed) H A La Forte, M. D.
11/11, 1930 (Address) Carthage 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: Fullerton Cemetery
DATE OF BURIAL: 11-11 1930

20. UNDERTAKER: Ulmer - Drake
ADDRESS: Carthage

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.