APR 20 1931 8635

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

Do not use this space. 8635 8635

1. PLACE OF DEATH
County Adair — Registration District No. 4 — File No.
Township — Primary Registration District No. 3001 — Registered No. 36
City Kirkville (No. ..... St. ..... Ward)

2. FULL NAME Mary Ridgeway
(a) Residence. No. 610 S. Osteopathy St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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): Widowed.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: R. B. Gordon

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 10-14-1845

7. AGE: Years 85 — Months 4 — Days 20 — If LESS than 1 day, ... hrs. or ..... min.

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

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

PARENTS
10. NAME OF FATHER: Jeff. Ridgway
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Columbia
(STATE OR COUNTRY): Missouri
12. MAIDEN NAME OF MOTHER: Sarah Hart
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): New Orleans
(STATE OR COUNTRY): La.

14. INFORMANT: Mrs. Daisy Gordon Pickell
(Address): 610 S. Osteopathy, Kirkville

15. FILED 3/10, 1931 — C. H. Becker, Deputy REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 3-4- 1931

17. I HEREBY CERTIFY, That I attended deceased from March 4, 1931, to March 5, 1931, that I last saw her alive on Mar 4, 1931, and that death occurred, on the date stated above, at 11:00 p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage
8211
(duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY) 8211
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: Columbia Mo
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) A. B. Bramble, M. D.
3/5/, 1931 (Address) Kirkville 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: Columbia Mo. — DATE OF BURIAL: 3-5-1931

20. UNDERTAKER: Dee Riley — ADDRESS: Kirkville

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.