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.

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

Do not use this space.

9809

1. PLACE OF DEATH
County Jackson — Registration District No. — File No. [illegible]
Township Kaw — Primary Registration District No. — Registered No. [illegible]
City K.C. (No. Mercy Hospital St. Ward)

2. FULL NAME Betty Jean Ridenour
(a) Residence. No. 3216 E. 15th St., 12 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 F
4. COLOR OR RACE W
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) Feb 14 1931

7. AGE — YEARS — MONTHS — DAYS 19 — If LESS than 1 day, ___ hrs. or ___ min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer) none
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER Stewart J. Ridenour
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Kan.
12. MAIDEN NAME OF MOTHER Mildred Pewitt
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Mo.

14. INFORMANT Stewart J. Ridenour
(Address) 3216-E-15th K.C. Mo.

15. FILED 3/5 31 M. M. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3/3/31 19

17. I HEREBY CERTIFY, That I attended deceased from 3/2/31, 19 to 3/3/31, 19 that I last saw her alive on 3/3/31, 19, and that death occurred, on the date stated above, at 8:20 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronchopneumonia
1101B
1107A
1074 (duration) yrs. mos. 5 ds.

CONTRIBUTORY (SECONDARY) Gastro-Enteritis
Empyema (duration) yrs. mos. 4 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? at home
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS? Exam Lab + Autopsy
(Signed) W. M. Howard, M.D.
3/3/31 (Address) Mercy Hosp

*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 Oak Grove, K.C. Mo. — DATE OF BURIAL 3-5 1931

20. UNDERTAKER Mrs. C. L. Forster — ADDRESS K.C. Mo.