WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

12960

File No.
Registered No. 6

1. PLACE OF DEATH
County Vernon
Registration District No. 850
Township
Primary Registration District No. 405-93
City Walker (No. , St. Ward)

2. FULL NAME James Rider
(a) Residence, No. St., Ward.
(Usual place of abode) (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: 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 Martha Rider

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apl 19 - 1864

7. AGE: Years 66 Months 10 Days 25 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. minister
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 199
10. Date deceased last worked at this occupation (month and year) Oct 1929
11. Total time (years) spent in this occupation

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

FATHER
13. NAME John Rider
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER
15. MAIDEN NAME — Sharp
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT Mrs Jas Rider
(ADDRESS) Walker Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Newton Park DATE 3/16 1931

19. UNDERTAKER Alva V. Hays
(ADDRESS) Nevada Mo

20. FILED 3/16 1931 C B Davis
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 14 1931

22. I HEREBY CERTIFY, That I attended deceased from Mar 13 1931, to Mar 14 1931
I last saw him alive on Mar 14 1931. Death is said to have occurred on the date stated above, at 1:45 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy of Brain	3/13-31
82A	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? — Date of injury , 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) C B Davis, M. D.
(Address) Walker Mo.