

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

Do not use this space.

16885

File No. *Rms*
Registered No. *2117*
St. _____ Ward _____

1. PLACE OF DEATH

County *Union* Registration District No. *875*
Township *East* Primary Registration District No. *3039*
City *Neuada* (No. _____)

2. FULL NAME

(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 <i>M</i>	4. COLOR OR RACE <i>W</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Mary Lee Rider</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>April 8-1886</i>		
7. AGE YEARS <i>44</i>	MONTHS <i>11</i>	DAYS <i>28</i>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Minister 1919</i>		11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Bates City Mo</i>		
13. NAME <i>Granville Rider</i>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Missouri</i>		
15. MAIDEN NAME <i>Martha Oldham</i>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Missouri</i>		
17. INFORMANT (ADDRESS) <i>Mary Lee Rider</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Kansas City Mo</i> DATE <i>April 7 1931</i>		
19. UNDERTAKER (ADDRESS) <i>Ferry Funeral Home</i>		
20. FILED <i>5/11 - 1931</i> <i>E. R. King</i> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Apr 6 1931*

22. I HEREBY CERTIFY, That I attended deceased from *Apr 5 1931* to *Apr 6 1931*

I last saw *him* alive on *Apr 6 1931*. Death is said to have occurred on the date stated above, at *11:20 P.M.*

The principal cause of death and related causes of importance were as follows:

Gun shot wounds of abdomen (Two) (Homicide)

Other contributory causes of importance:

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Name of operation *None* Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? *No*

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? *Homicide* Date of injury _____ 19____
Where did injury occur? *Haley's Bluff, Mo*
Vernon Co (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in a public place. *Home*

Manner of injury *Gun shot*

Nature of injury *Two penetrating wounds of abdomen*

24. Was disease of this, in any way related to occupation of deceased?
If so, specify _____

(Signed) *E. R. King*, M. D.
(Address) *Neuada, Mo*

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.

MAY 27 1931

