

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

Do not use this space.

**1. PLACE OF DEATH**

County Bonnie Registration District No. 73  
 Township Columbia Primary Registration District No. 5112  
 City Mo. Sallis B. West (No. \_\_\_\_\_) St. \_\_\_\_\_ (Ward) \_\_\_\_\_

**2. FULL NAME**

(a) Residence. No. Columbia Mo 107d 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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W. T. West

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 12 1856

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
74 8 18

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work At Home  
 (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) Bonnie Mo

10. NAME OF FATHER John W. Ridgway

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

12. MAIDEN NAME OF MOTHER Margaret Linkson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Bonnie Mo.

14. INFORMANT (Address) J. B. Ridgway #1 - E. Blvd.

15. FILED 6/30/31 F. C. Suggett REGISTRAR  
by Selby

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 30 1931

17. I HEREBY CERTIFY That I attended deceased from June 28 1931 to June 30 1931 that I last saw him alive on June 30 1931 and that death occurred, on the date stated above, at 8:00 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Arterio Sclerosis

97

CONTRIBUTORY (SECONDARY) Heart (Lead)  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH no

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Cystostasis  
 (Signed) W. A. Morris M. D.

, 19 (Address) Columbia 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 Friendship Cemetery DATE OF BURIAL July 19 1931

20. UNDERTAKER R. P. Baker ADDRESS Columbia

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUL 22 1931

