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

Do not use this space.

12198

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1. PLACE OF DEATH

37 County Gasconade — Registration District No. 307 — File No.

Township Boulder — Primary Registration District No. 5425 — Registered No.

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Millie Fern Ridden

(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.

JUN 22 1932

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): —

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: —

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 24-32

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

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: —

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Mt Sterling
(STATE OR COUNTRY) Gasconade Co Mo

PARENTS

10. NAME OF FATHER Harrison S. Ridden

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Gasconade Co Mo.

12. MAIDEN NAME OF MOTHER Sarilda J. Byrd

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

14. INFORMANT Harrison S Ridden
(Address) Mt Sterling Mo.

15. FILED 4-26, 1932 Mrs. F B Meyer
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 25 1932

17. I HEREBY CERTIFY, That I attended deceased from April 24th 1932, to April 25, 1932 that I last saw her alive on April 24th, 1932, and that death occurred, on the date stated above, at 4:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Malnutrition

158

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? ..... (1)

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) J. O. Cooper, M. D

, 19 (Address) Linn 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: Nubbin Ridge Cem. — DATE OF BURIAL: Apr-26- 1932

20. UNDERTAKER: Gerchefskey — ADDRESS: Hope Mo

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.