

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

Do not use this space.

23182

File No. _____
Registered No. 23
St. _____ Ward _____

1. PLACE OF DEATH

49 County Jasper
Township Monroe
City St. Joseph (No. _____)

Registration District No. 413
Primary Registration District No. 5559e

2. FULL NAME

Al Riddle
(a) Residence. No. 209 So. 11th St. Ward. West City
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 8 mos. 5 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 _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr 26-1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
59 2 12

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Mixer 16
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

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

PARENTS
10. NAME OF FATHER George Riddle
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER Josephine Hewitt
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Mo.

14. INFORMANT Reed
(Address)

15. FILED 7/9 1932 J. E. Weaver
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 8 1932

17. I HEREBY CERTIFY, That I attended deceased from Nov 3 1931 to July 8 1932 that I last saw him alive on July 7 1932, and that death occurred, on the date stated above, at 7 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis
2 2 B
1 1 1 A (duration) 3 yrs. _____ mos. _____ ds.
CONTRIBUTORY (SECONDARY) Sclerosis (duration) _____ yrs. 0 mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Unknown

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Positive Spectrum
(Signed) Jesse E. Douglas, M. D.

7/8, 1932 (address) West City

*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 Ozark Memorial Cem. DATE OF BURIAL July 9 1932
20. UNDERTAKER Steele and Co. - West City, Mo. ADDRESS _____

AGE 34 1932

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.

