

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

Do not use this space.

25288

**1. PLACE OF DEATH**

4 County Andrew Registration District No. 26  
4 Township Sellers Primary Registration District No. 3002  
7 City Mexico Mo (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

File No. \_\_\_\_\_  
Registered No. 93

**2. FULL NAME**

John Rothwill Ridgway  
(a) Residence No. 939 W. Emmons St. 3 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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nancy Ridgway

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 6 1958

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer

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) 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Andrew County - Mo

13. NAME Reason Ridgway

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown - ?

15. MAIDEN NAME Kariette Reed

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT Ben Ridgway  
(ADDRESS) Mexico Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Elmwood, Mexico Mo DATE July 15 1932

19. UNDERTAKER H. B. Reed & Son  
(ADDRESS) Mexico Mo

20. FILED Aug 15 1932 Ina S. Milligan  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug-14 1932

22. I HEREBY CERTIFY, That I attended deceased from July 24 1932 to Aug-14 1932  
I last saw him alive on Aug-13 8:00 AM, 1932 Death is said to have occurred on the date stated above, at 5:30 A.M. Aug 14-32  
The principal cause of death and related causes of importance were as follows:  
Date of onset

Chronic Interstitial Nephritis

arteriosclerosis & coronar heart disease.

Other contributory causes of importance: 131  
95 cc urine - 131  
97      ①

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis Urea Ex. 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 At Van Thurgarden - M. D.  
(Signed) Mexico Mo  
(Address) \_\_\_\_\_

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.

SEP 21 1932

THE UNIVERSITY OF CHICAGO

Handwritten notes or signatures, possibly including the name "M. J. ...".

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