

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.

OCT 25 1932

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

Do not use this space.

28762

1. PLACE OF DEATH  
 2 3 County Clack Registration District No. 190 File No. \_\_\_\_\_  
 Township Jackson Primary Registration District No. 5274 Registered No. 39  
 City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Harriet Jane Ridgley  
 (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 F. M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm. Ridgley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 13 1848

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>84</u>	<u>1</u>	<u>14</u>	

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

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) St. Louis (STATE OR COUNTRY) Missouri

FATHER

13. NAME Jerniah Spurgeon

14. BIRTHPLACE (CITY OR TOWN) Ohio (STATE OR COUNTRY) Ohio

MOTHER

15. MAIDEN NAME Lucinda Bailey

16. BIRTHPLACE (CITY OR TOWN) Dubuque (STATE OR COUNTRY) Iowa

17. INFORMANT James Ridgley (ADDRESS) Kohola Post

18. BURIAL, CREMATION, OR REMOVAL PLACE Grav Hills DATE 9/29 1932

19. UNDERTAKER Frederick Hall (ADDRESS) Kohola Post

20. FILED 728 1932 J. B. Bridger Registrar.

**MEDICAL CERTIFICATE OF DEATH**

2. 21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 27 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 15 1932 to Sept 27 1932

I last saw him alive on Sept 27 Death is said to have occurred on the date stated above, at 11 P. M.

The principal cause of death and related causes of importance were as follows:  
Cerebral hemorrhage Date of onset 9/24/32  
92A  
92A  
92A

Other contributory causes of importance:  
Aortic regurgitation (3)

Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? Paralysis 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 \_\_\_\_\_  
 (Signed) Dr. Paul Porter M. D.  
 (Address) Carleton Mo.

