WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

1. PLACE OF DEATH
County: Jackson
Township: Kaw
City: Kansas City (No. Research Hospital St. Ward)
Registration District No. 399
Primary Registration District No. 1002
File No. 16453
Registered No. 1022

2. FULL NAME: Alfred Dana Rider
(a) Residence, No. 2524 Forest 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: 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: Louise Rider
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 29, 1862
7. AGE: Years 70 Months 4 Days 3 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Vice President
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Fidelity National Bank & Trust Co.
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): Illinois

FATHER
13. NAME: J. A. Rider
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Massachusetts

MOTHER
15. MAIDEN NAME: Elizabeth Cree
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pennsylvania

17. INFORMANT: Mrs. Louise Rider
(ADDRESS) 2524 Forest
18. ~~BURIAL, CREMATION, OR~~ REMOVAL
PLACE: Minneapolis, Minn. DATE: May 4, 1933
19. UNDERTAKER: Shire & McClure
(ADDRESS) 3235 Wyandotte
20. FILED: May 3, 1933 M. M. Crosby Registrar.

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 2, 1933
22. I HEREBY CERTIFY, That I attended deceased from May 2 1 p.m., 1933, to May 2, 1933
I last saw him alive on May 2, 1933. Death is said to have occurred on the date stated above, at P/ m. 10:30
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary artery thrombosis	
Hypertension & heart	May 2
Complicated by papillary muscle	

Other contributory causes of importance:
3 yrs ago has had pleurisy with R lung involved
Recent tonsillectomy and other dental clinics
Name of operation: Date of:
What test confirmed diagnosis? Clinical 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?
If so, specify
(Signed) Lucas J. Miller, M. D.
(Address) 1137 Professional Bldg.

D - Milne

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