

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

Do not use this space.

19181

1. PLACE OF DEATH

County Chariton
Township Salt Creek
City Near Mendon (No.)

Registration District No. 172
Primary Registration District No. 5239

File No. #2
Registered No. 12
St. Ward)

2. FULL NAME

UDORA RINGER

(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>widowed</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 6 - 1863</u>				
7. AGE	YEARS <u>69</u>	MONTHS <u>6</u>	DAYS <u>14</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Housework</u>			
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Brunswick Mo.</u>			
	13. NAME <u>Alvin Knight</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>			
	15. MAIDEN NAME <u>Sarah Halchitt</u>			
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>			
	17. INFORMANT <u>Harley Ringer</u> (ADDRESS) <u>Mendon Mo</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>New Corner Mo</u> DATE <u>June 22, 1933</u>				
19. UNDERTAKER (ADDRESS) <u>W. H. ...</u>				
20. FILED <u>June 26, 1933</u> <u>W. D. West</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 20, 1933

22. I HEREBY CERTIFY That I attended deceased from May 8, 1933 to June 19, 1933

I last saw her alive on June 19, 1933 Death is said to have occurred on the date stated above, at 8:59 a.m.

The principal cause of death and related causes of importance were as follows:

Uterine Constriction Date of onset

Other contributory causes of importance:

Name of operation abdominal Date of 3-10-33
What test confirmed diagnosis? Pathology Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?

Where did injury occur?

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) W. H. ... M. D.
(Address) Keytesville 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.

