25 1934

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

Do not use this space. B

1. PLACE OF DEATH
County Harrison — Registration District No. 341 — File No. 905-2
Township — Primary Registration District No. 4204 — Registered No. 1
City Ridgeway (No. , St. Ward)

2. FULL NAME Edna Mae Gutridge
(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Gladius R. Gutridge

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 22, 1893

7. AGE — YEARS: 40 — MONTHS: 11 — DAYS: 22 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Dec. 20, 1933
11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ridgeway Missouri

FATHER
13. NAME Joseph P. Stanley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ridgeway Missouri

MOTHER
15. MAIDEN NAME Evaline Richardson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indianapolis Indiana

17. INFORMANT (ADDRESS) Gladius R. Gutridge Ridgeway Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ridgeway DATE 1/16 1934

19. UNDERTAKER (ADDRESS) Ragan [illegible] Ridgeway, Missouri

20. FILED 1-16 1934 [illegible] Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 12, 1933, to Jan 14, 1934
I last saw her alive on Jan 9, 1934. Death is said to have occurred on the date stated above, at 10:50 m pm
The principal cause of death and related causes of importance were as follows:

	Date of onset
Sarcoma of liver	Nov-1933
5	
4	

Other contributory causes of importance:

Sarcoma of right eye ball	1930

Name of operation Right eye removed Date of 1933 July
What test confirmed diagnosis? Path. 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
(Signed) W. A. Brexler, M. D.
(Address) Eagleville, Missouri

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.

WHITE PERMANENT, WITH UNFADING INK—THIS IS A PERMANENT RECORD