

MAR 24 1934

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

Do not use this space.

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1. PLACE OF DEATH

County Lafayette
Township Devis
City Higginsville, (No., St. Ward)

Registration District No. 460
Primary Registration District No. 4274

File No. 18
Registered No. 16

2. FULL NAME

Clarence E. Ridge

(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>Male</u>	4. COLOR OR RACE <u>Angl Sax</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Fannie Ridge</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 8th 1867</u>		
7. AGE YEARS <u>66</u>	MONTHS <u>7</u>	DAYS <u>17</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>Laborer</u>
	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) <u>Jan 2nd 1934</u>	11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Lafayette Co. Missouri13. NAME
Benjamin C. Ridge14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Ky.15. MAIDEN NAME
Winnie Warren16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Ky.17. INFORMANT
Geo C Ridge
(ADDRESS) Kansas City, Mo.18. BURIAL, CREMATION, OR REMOVAL
26 Feb 1934 DATE
PLACE City Cemetery19. UNDERTAKER
A. H. Hader
(ADDRESS) Higginsville, Mo.20. FILED Feb 24 19 34 William B Webb
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 23 193422. I HEREBY CERTIFY, That I attended deceased from Jan 23 1934 to Feb 23 1934I last saw him alive on Feb 23 1934 Death is said to have occurred on the date stated above, at 10 P m.

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

Carcinoma of stomach
HBB
40

Date of onset

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury Feb 23 1934

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 none(Signed) William B Webb, M. D.(Address) Higginsville

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Lafayette
Township Wagonwheel
City Higginsville No. _____

Registration District No. 460
Primary Registration District No. 4274

File No. _____
Registered No. 16
St. _____ Ward _____

2. FULL NAME

Clarence E. Pidge

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) mar

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.

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

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19. _____

19. UNDERTAKER (ADDRESS) at Hader

20. FILED at Hader 19. 3/16/08

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 23 1924

22. I HEREBY CERTIFY, That I attended deceased from _____ to _____, 19____.

I last saw him _____ alive on _____, 19____. Death is said to have occurred on the _____ above, at _____ m.

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

Other contributory causes of importance: _____
Date of onset _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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) _____, M. D.

(Address) _____

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNLESS THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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