Harnell

SEP 11 1934

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

Do not use this space.

1. PLACE OF DEATH
County Butler — Registration District No. 89 — File No. 28459
Township Poplar Bluff — Primary Registration District No. 5131 — Registered No. 188
City ..... (No. Kellytown add. to Poplar Bluff St. Mo. ..... Ward)

2. FULL NAME Velma Margaret Ridenour
(a) Residence, No. Kellytown Addition St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 1 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 9.1932

7. AGE — YEARS: 2 — MONTHS: 0 — DAYS: 18 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
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) Puxico. Missouri

FATHER
13. NAME John T. Ridenour
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

MOTHER
15. MAIDEN NAME Ella Holesapple
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT (ADDRESS) John T. Ridenour Poplar Bluff, Missouri

18. ~~BURIAL, CREMATION, OR~~ REMOVAL
PLACE Puxico, Mo. Duck Creek cemetery DATE Aug. 28, 1934

19. UNDERTAKER (ADDRESS) Green Undertaking Co. Poplar Bluff, Missouri

20. FILED 8-27-1934 W. S. Bailey Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 27, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 1, 1934, to Aug 27, 1934
I last saw her alive on Aug 26, 1934 Death is said to have occurred on the date stated above, at 5:30 A. M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Muco Colitis	7/25/34
120 B	

Other contributory causes of importance:

Name of operation None 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? No
If so, specify
(Signed) J. Lee Harnell, M. D.
(Address) Poplar Bluff Mo.

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.