

NOV 13 1934

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

Do not use this space.

37004

1. PLACE OF DEATH

County Platte
Township Pitts
City Parkville (No.)

Registration District No. 695
Primary Registration District No. 5-9-21

File No.
Registered No.
St. Ward)

2. FULL NAME

(a) Residence, No. Eva Lydings St. Ward.
(Usual place of abode) Parkville Mo

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

2 MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE Black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 15-1892

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
42 4 5

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

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) Denver (STATE OR COUNTRY) Colorado

13. NAME Lesley Colier

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

15. MAIDEN NAME Anna Lancaster

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

17. INFORMANT Abner Bolin (ADDRESS) Denver Colorado

18. BURIAL, CREMATION, OR REMOVAL PLACE Parkville Mo DATE Oct 24, 1934

19. UNDERTAKER Noland Undertaking Co (ADDRESS) Parkville Mo

20. FILED 10.24, 1934 S.P. Ford Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 20, 1934

22. I HEREBY CERTIFY, that I attended deceased from Oct 19, 1934 to Oct 20, 1934
I last saw her alive on Oct 20, 1934 Death is said

to have occurred on the date stated above, at 11 a.m.
The principal cause of death and related causes of importance were as follows:

Uremic Poison
131
1326

Date of onset

Other contributory causes of importance:

Br Nephritis

Name of operation Date of

What test confirmed diagnosis? 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

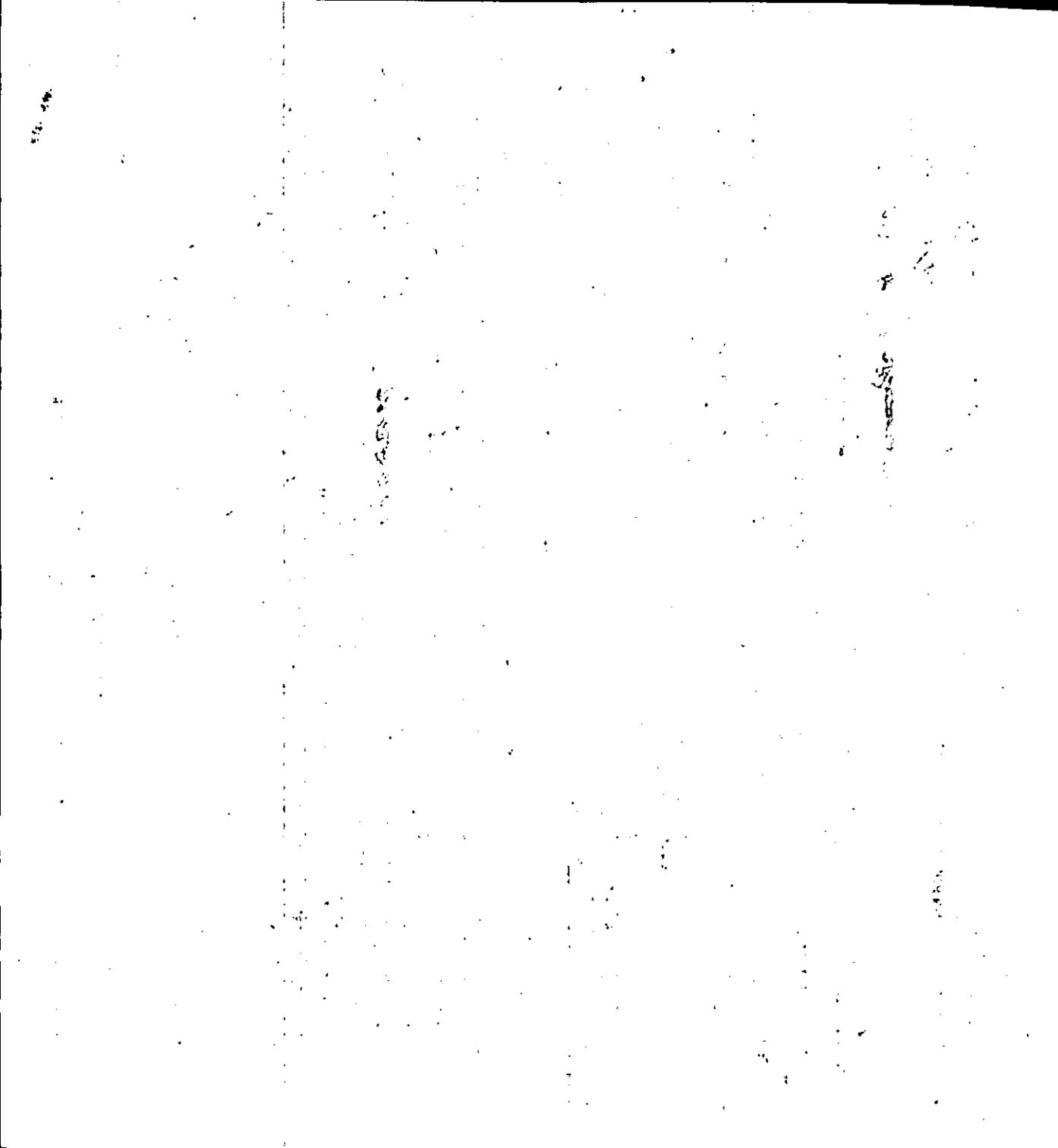
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) J Underwood, M. D.(Address) Parkville

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
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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH *St. Louis*
 County..... Registration District No. *695*
 Township..... Primary Registration District No. *5982*
 City..... (No.) St. Ward.....

2. FULL NAME *Eva Rydings*
 (a) Residence, No. St. Ward.....
 (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. (If nonresident, give city or town and State)

File No.
 Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *F* 4. COLOR OR RACE *B* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED *m*
 (write the word)

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.
42 4 5

OCCUPATION
 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)

FATHER
 13. NAME

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

MOTHER
 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)

20. FILED *10.24* 19*34* *57* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Oct 20* 19*34*

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 date stated above, at..... m.

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

venereal poison
 Date of onset
101
 Other contributory causes of importance:
rephritis Chronic not purulent

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 UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

Exact statement of OCCUPATION is very important.

JAN 3 1 1935

BOOKS