

DEC 13 1934

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

Do not use this space.

38910

1. PLACE OF DEATH

County ColeRegistration District No. 213

Township

Primary Registration District No. 3014City Jefferson City No.

St. _____ Ward)

2. FULL NAME

(a) Residence, No. Ray Ridenhour (St. Mary Hosp.)
(Usual place of abode) Belle, Mo. St. _____ Ward. _____Length of residence in city or town where death occurred 20 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 20 - 18897. AGE YEARS MONTHS DAYS If LESS than 1 day, X hrs. or Y min.
46 5 48. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rail Road Laborer9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pumper10. Date deceased last worked at this occupation (month and year) 11-25-34 11. Total time (years) spent in this occupation 2 yrs.12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Belle, Mo.13. NAME Adam Ridenhour14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown15. MAIDEN NAME Evelyn Anderson16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown17. INFORMANT (ADDRESS) W. R. Purcell, Belle, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Red Knob Cem. DATE 11-26 193419. UNDERTAKER (ADDRESS) St. Lukes, Belle, Mo.20. FILED 11/24/1934 W. R. Purcell, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 24 - 193422. I HEREBY CERTIFY, That I attended deceased from Nov. 24 - 1934, to Nov. 24 - 1934I last saw him alive on Nov. 24 - 1934. Death is saidto have occurred on the date stated above, at 1:40 p.m.

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

Self-inflicted Gun Date of onsetShot167Other contributory causes of importance: 167Name of operation none 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 suicide Date of injury 11-24-34Where did injury occur? Belle, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury gun shotNature of injury chest & lungs24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) W. R. Purcell, M.D.(Address) Belle, Mo.

