

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.

JAN 12 1935  
**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

Do not use this space.

42568

36 1. PLACE OF DEATH  
 County Franklin Registration District No. 1104  
 Township Boone Primary Registration District No. 5415C  
 City.....(No. Anna B. Ridder) St. .... Ward)  
 2. FULL NAME Anna B. Ridder  
 (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

SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED widowed  
 5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF Fred. Ridder (Dec) (OR) WIFE OF  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 17 1868  
 7. AGE YEARS 66 MONTHS ..... DAYS 20 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) ..... 11. Total time (years) spent in this occupation.....  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
 MOTHER 13. NAME Frank Gohse  
 FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany  
 MOTHER 15. MAIDEN NAME Gohse  
 FATHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
 17. INFORMANT Mrs. Albert Grob (ADDRESS) no  
 18. BURIAL, CREMATION, OR REMOVAL St Paul Evang Cem PLACE DATE Dec 9 34  
 19. UNDERTAKER Conrad H. Fennel (ADDRESS) no  
 20. FILED Dec 7 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 7 1934  
 22. I HEREBY CERTIFY, That I attended deceased from Nov 24 1934 to Dec 7 1934  
 I last saw her alive on Dec 6 1934 Death is said to have occurred on the date stated above, at 2 A.M.  
 The principal cause of death, and related causes of importance were as follows:  
Pleur Pneumonia Date of onset 11/23/34  
 100 / 8  
 Other contributory causes of importance:  
 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. Matthews, M. D.  
 (Address) Boonport, Mo.

