

MAY 23 1935

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

Do not use this space.

12151

1. PLACE OF DEATH

County Cape Girardeau (Registration District No. 125)
Township St. Francis Hospital Primary Registration District No. 3099
City CAPE GIRARDEAU (No. St. Francis Hospital St. 104 Ward)

2. FULL NAME

Louise E. Ridge
(a) Residence, No. 601 So Pacific St. 104 Ward. (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>White</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>Bertha Ridge</u>		6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 13, 1892</u>		
7. AGE	YEARS <u>42</u>	MONTHS <u>5</u>	DAYS <u>9</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>Shoe Porter</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)		11. Total time (years) spent in this occupation	
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bloomfield Missouri</u>			
	13. NAME <u>M. C. Ridge</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>			
	15. MAIDEN NAME <u>Sarah Hester</u>			
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bloomfield Missouri</u>			
	17. INFORMANT <u>Mrs. Bertha Ridge</u> (ADDRESS) <u>601 So Pacific</u>			
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Stumpson</u> DATE <u>Apr 23, 1935</u>			
	19. UNDERTAKER (ADDRESS) <u>Stumpson</u>			
20. FILED <u>4-21, 1935</u> <u>J. M. Thompson</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 21, 1935

22. I HEREBY CERTIFY That I attended deceased from 2/13 to 4/21, 1935
I last saw him alive on 4/20, 1935 Death is said to have occurred on the date stated above, at 8 A.m.
The principal cause of death and related causes of importance were as follows:
46
Dysentery of
Rectum
Other contributory causes of importance:

Name of operation Res of Rectum Date of 4/25
What test confirmed diagnosis? 10 Was there an autopsy? 10

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) [Signature], M. D.
(Address) Cape Girardeau

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.

