

JUN 25 1935

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

Do not use this space.

17215

1. PLACE OF DEATH

County Montgomery Registration District No. 591  
Township Prairie Primary Registration District No. 4344  
City Middletown (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Eva Sarah Ridings

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) 50 (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 Female 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 Joseph Bell Ridings  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 7th, 1861  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
74 20  
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) Hollowtown  
(STATE OR COUNTRY) Ohio

FATHER 13. NAME Louis Hazelton  
14. BIRTHPLACE (CITY OR TOWN) Ohio  
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Lynne  
16. BIRTHPLACE (CITY OR TOWN) Ohio  
(STATE OR COUNTRY)

17. INFORMANT Guy Ridings  
(ADDRESS) Middletown, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Middletown Cem. DATE 5/28/35

19. UNDERTAKER Jones & Wells  
(ADDRESS) Middletown, Missouri

20. FILED 5728 1935 Leah Pigg Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 27th, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 10th, 1935, to May 27th, 1935  
I last saw her alive on May 25th, 1935. Death is said to have occurred on the date stated above, at 1:30 p.m.

The principal cause of death and related causes of importance were as follows:  
Chronic Parenchymatous Nephritis Date of onset \_\_\_\_\_

Other contributory causes of importance: 190

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? urinary 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) A. J. Smith, M. D.  
(Address) Middletown, Mo.

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.

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THIS IS A PERMANENT RECORD



THE UNIVERSITY OF CHICAGO

1961