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.

JUL 17 1935

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

Do not use this space.

18930

1. PLACE OF DEATH

County: Barton — Registration District No.: 1008 — File No.: 5

Township: [illegible] — Primary Registration District No.: 5057 — Registered No.:

City: ~~Lamar~~ Newport (No. ..., ... St. ..... Ward)

2. FULL NAME: Walter Ridley

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred: 72 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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~~: Mrs. Minnie Ridley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 26 - 1861

7. AGE: YEARS 74 — MONTHS 2 — DAYS 0 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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): Barkwood Wis.

FATHER

13. NAME: Walter Ridley

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

MOTHER

15. MAIDEN NAME: Mary Fast

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): England

17. INFORMANT (ADDRESS): Mrs Emma Moore Lamar, Mo.

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Moorhead Cem. DATE: June 6-28, 1935

19. UNDERTAKER (ADDRESS): C. F. Konantz Lamar, Mo.

20. FILED: July 8, 1935 — J. W. Wise, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 6 - 26, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 8, 1935, to June 23, 1935

I last saw him alive on June 23, 1935. Death is said to have occurred on the date stated above, at 7 15 P. m.

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

	Date of onset
Chronic myocarditis with decompensation	Unknown

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical 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) Jesse T. Buckel, M. D.

(Address) Lamar, Missouri