

AUG 14 1935

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

Do not use this space.

22401

1. PLACE OF DEATH

County Cass Registration District No. 148
Township _____ Primary Registration District No. 4082
City Beltan (No. _____ St. _____ Ward _____)

2. FULL NAME

Edgar A. Rider
(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

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 Mary Rider

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 24, 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
68 0 14

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lunch Room Operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Highway Rest.

10. Date deceased last worked at this occupation (month and year) June 1935 11. Total time (years) spent in this occupation 8 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Beltan Mo.

13. NAME Samuel B. Rider

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Blue Springs Mo.

15. MAIDEN NAME Sarah Young

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Mrs. Ed. G. Rider (ADDRESS) Beltan, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Beltan, Mo DATE July 10, 1935

19. UNDERTAKER E. F. George & Sons (ADDRESS) Beltan, Mo

20. FILED July 10, 1935 R. M. Miller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 8, 1935

22. I HEREBY CERTIFY That I attended deceased from July 1, 1935, to July 8, 1935

I last saw him alive on July 8, 1935. Death is said

to have occurred on the date stated above, at 6⁰⁰ a.m.

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

Chronic Nephritis Date of onset 1928

arterio sclerosis

Other contributory causes of importance:

None

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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) R. M. Miller, M. D.

(Address) Beltan, 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.

