

OCT 22 1935

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

Do not use this space.

29202

1. PLACE OF DEATH

County Franklin Registration District No. 1104 File No. _____
Township Boone Primary Registration District No. 5415 C Registered No. 15
City Rolland (No. _____) St. _____ Ward _____
R.F.D. #2

2. FULL NAME

(a) Residence, No. Rolland, Mo. St. _____ Ward _____ (If nonresident, give city or town and State)
(Usual place of abode) R.F.D. #2
Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</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>Fred Lehring</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 11, 1872</u>		
7. AGE YEARS <u>63</u>	MONTHS <u>8</u>	DAYS <u>11</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		11. Total time (years) spent in this occupation <u>about 50</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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>		
13. NAME <u>Marion Ridenhour</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>		
15. MAIDEN NAME <u>Elizabeth Jump</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>		
17. INFORMANT <u>Mr. Fred Lehring</u> (ADDRESS) <u>Rolland, R.F.D. #2</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Warren Cemetery</u> DATE <u>9-21-1935</u>		
19. UNDERTAKER <u>W.F. Gottmutter</u> (ADDRESS) <u>Owensville, Mo.</u>		
20. FILED <u>9-17</u> 19 <u>35</u> <u>W.P. Fitzgerald, M.D.</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Sept. 18</u> 19 <u>35</u>	Date of onset
22. I HEREBY CERTIFY, That I attended deceased from <u>6-14</u> , 19 <u>35</u> , to <u>9-18</u> , 19 <u>35</u> I last saw h. e. alive on <u>9-18</u> , 19 <u>35</u> Death is said to have occurred on the date stated above, at <u>8:00 a.m.</u> The principal cause of death and related causes of importance were as follows: <u>Cerebral hemorrhage</u> <u>Chronic myocarditis</u> <u>hypertension</u>	<u>7-12-35</u>
Other contributory causes of importance: <u>Chronic myocarditis</u> <u>hypertension</u>	
Name of operation	Date of _____
What test confirmed diagnosis? <u>clinical</u>	Was there an autopsy? <u>NO</u>
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? <u>NO</u> If so, specify _____ (Signed) <u>E. J. Deerp</u> , M. D. (Address) <u>Owensville, Mo.</u>	

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.

