WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

APR 17 1936

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

Do not use this space.

9279

1. PLACE OF DEATH
County Boone
Township Rocky fork
City Hallsville Mo.
Registration District No. 74
Primary Registration District No. 4042
File No.
Registered No. 4
(No. , St. Ward)

2. FULL NAME Jackson Redman Ridgway
(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 4 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) Widowed
5A. ~~IF MARRIED, WIDOWED, OR DIVORCED~~ HUSBAND OF (OR) ~~WIFE OF~~ Kitty Ridgway
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-11-1857
7. AGE YEARS 78 MONTHS 8 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. Stockman
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) Hallsville Mo.

FATHER
13. NAME Jacharish Ridgway
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER
15. MAIDEN NAME Parthenia Newman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone Co Mo

17. INFORMANT (ADDRESS) J. T. Ridgway Centralia Mo
18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Centralia Mo DATE Mar. 13 1936
19. UNDERTAKER (ADDRESS) Chandler & McDonald Hallsville, Mo.
20. FILED 3-13- 1936 Mrs. F. L. Faucett Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-11-1936
22. I HEREBY CERTIFY, That I attended deceased from Mar 10th 1936, to Mar 11th 1936
I last saw him alive on Mar. 11th 1936. Death is said to have occurred on the date stated above, at 9:15 P.M.
The principal cause of death and related causes of importance were as follows:

Lobar pneumonia

11 W

Date of onset

Other contributory causes of importance:

Influenza

Name of operation none Date of
What test confirmed diagnosis? Phys Exam 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 (F. M. Turner, M.D.)
(Signed) [signature], M. D.
(Address) Centralia, Mo.