

JUL 16 1936

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

Do not use this space.

22057

1. PLACE OF DEATH

County Buchanan
Township
City St. Joseph,

Registration District No. 85
Primary Registration District No. 1001
(No. Missouri Methodist Hospital)

File No.
Registered No. 826
St. _____ Ward _____

2. FULL NAME

Hattie Constance Ridge

(a) Residence, No. 707 No. 12th. St. St. _____ Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 43 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 Ransom N. Ridge

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 30, 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
65 4 18

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home.
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) Agency, Mo.

FATHER 13. NAME Thos. B. Myers

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gossport, Ind.

MOTHER 15. MAIDEN NAME Lydia Carson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gossport, Ind.

17. INFORMANT (ADDRESS) Ransom N. Ridge
707 No. 12th. St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park Cem. DATE June 20, 1936

19. UNDERTAKER (ADDRESS) Walter Moeckhoff
1302 Parson St. St. Joseph, Mo.

20. FILED June 29, 1936 H. J. Nestlebury
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 18, 1936 19

22. I HEREBY CERTIFY, That I attended deceased from Feb 14 1936 to June 18 1936
I last saw her alive on June 18 1936 Death is said to have occurred on the date stated above, at 3.15 m. R.M.
The principal cause of death and related causes of importance were as follows:

Carcinoma of spine metastatic Date of onset Oct. 32

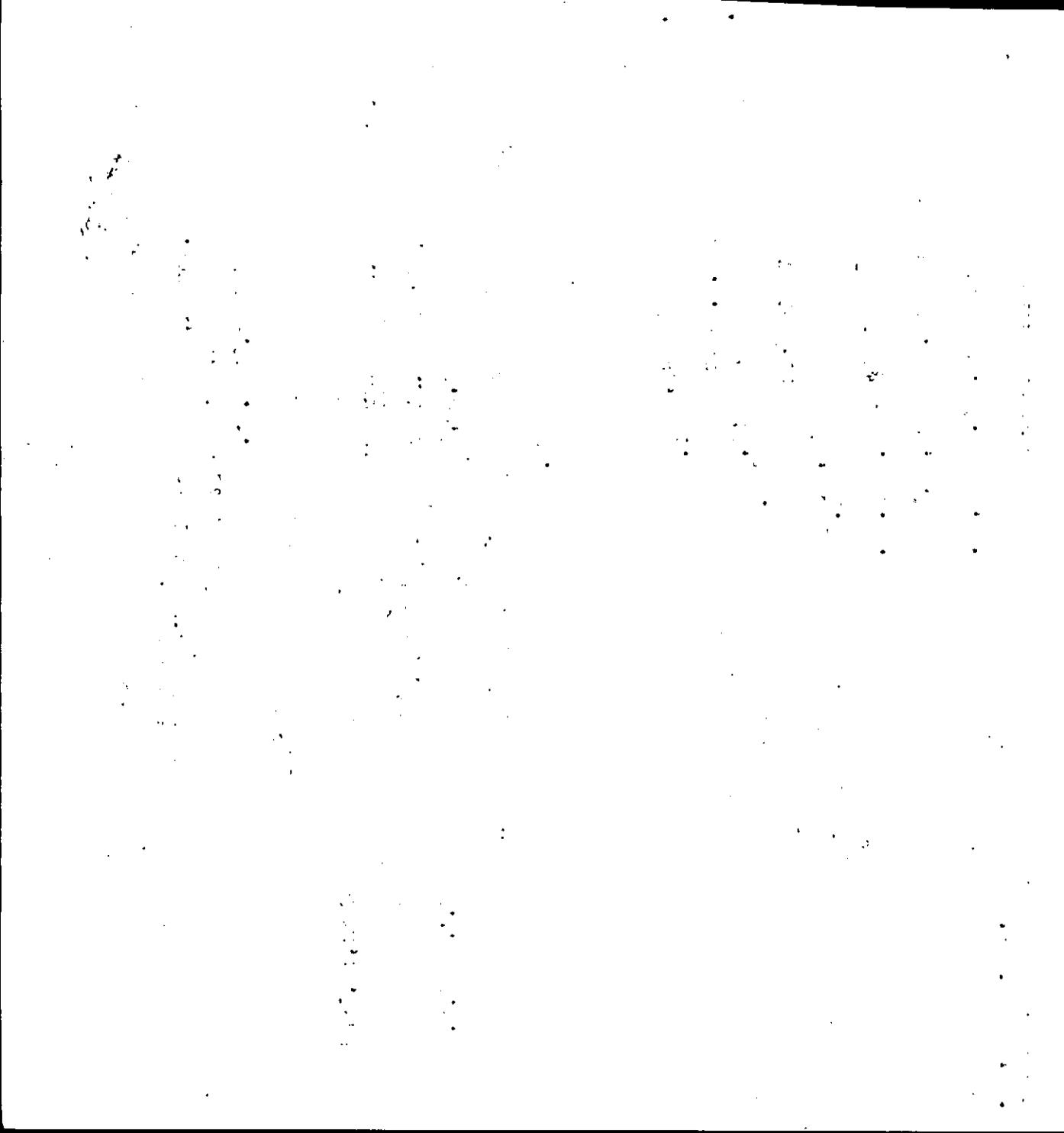
Other contributory causes of importance:
Had carcinoma removed from R. breast May 1936

Name of operation _____ Date of _____
What test confirmed diagnosis? clin + xray 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 _____, 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) L. H. Fison, M. D.
(Address) Kirkpatrick Bldg. St. Joseph, Mo.



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1. PLACE OF DEATH

County Buchanan
Township H. Joseph
City H. Joseph (No. _____)

Registration District No. 88
Primary Registration District No. 1001

File No. _____
Registered No. 826
St. _____ Ward _____

2. FULL NAME

Hattie Constance Ridge

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

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

7. AGE YEARS MONTHS DAYS If LESS than day, hrs or min
65 4 18

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

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19__

19. UNDERTAKER (ADDRESS)

20. FILED July 11, 1936 A. J. Nettles Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

Carcinoma spine metastatic

Date of onset

Other contributory causes of importance:

Had carcinoma removed from breast May 1936

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 a factory, 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. H. Jones M. D.

(Address) Hickpatien Rd

S-22257