

AUG 24 1936

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

Do not use this space.

26498

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township _____ Primary Registration District No. 1002
City Kansas City (No. St. Mary's Hospital)

File No. _____
Registered No. 2165
St. _____ Ward _____

2. FULL NAME

Lula B. Ridgeway

(a) Residence, No. Brookfield, Mo. 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. 2 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 Luther E. Ridgeway

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 19, 1866

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
69 7 17

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

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) Miami County Indiana

13. NAME George B. Miller

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

15. MAIDEN NAME Nancy Petty

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

17. INFORMANT Mr. Luther E. Ridgeway (ADDRESS) Brookfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Brookfield, Mo. DATE July 8 1936

19. UNDERTAKER Rust Funeral Home (ADDRESS) Marceline, Mo.

20. FILED July 6 1936 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 6 1936

I HEREBY CERTIFY, That I attended deceased from June 14 1936 to July 6 1936. I last saw her alive on July 6 1936. Death is said to have occurred on the date stated above, at 12:50 P.M.. The principal cause of death and related causes of importance were as follows:

Carcinoma of thyroid Nov. 1935
23

Other contributory causes of importance: Postoperative Pneumonia

Name of operation Thyroidectomy Date of June 24, 1936
What test confirmed diagnosis? Pathology 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 Lawrence P. Engel, M. D. (Signed) 1228 Prof. Bldg. (Address)

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.

1888
Professional
J

1888

1888