

APR 16 1937

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

Do not use this space.

1. PLACE OF DEATH

County Callaway
Township
City Fulton (No. , Ward)

Registration District No. 104
Primary Registration District No. 3008

File No. 11379
Registered No. 76

2. FULL NAME

Joseph Ray Ridgel Jr.
(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 27, 1928

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
9 0 23

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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) Fulton, Missouri

13. NAME Ray Ridgel

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

15. MAIDEN NAME Ruby Adams

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

17. INFORMANT (ADDRESS) Ray Ridgel, Fulton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest DATE 3/21 1937

19. UNDERTAKER (ADDRESS) Geo. S. Wallace, Fulton, Mo.

20. FILED Mar 20, 1937 R. N. Crews Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/20, 1937

22. I HEREBY CERTIFY, That I attended deceased from 3/20, 1937, to 3/20, 1937

I last saw him alive on 3/20, 1937. Death is said

to have occurred on the date stated above, at L. H. M.

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

Secondary anemia Date of onset Since birth

Other contributory causes of importance:

fractured nose bleeding

Name of operation Date of

What test confirmed diagnosis? laboratory 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

(Signed) R. S. Owen, M. D.

(Address) Fulton, 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.

