

APR 23 1937

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

Do not use this space.

1. PLACE OF DEATH
Oregon

County Oak Grove

Township

City (No.) St. Ward

Registration District No. 632

Primary Registration District No. 0847

File No. 12852

Registered No. 19

2. FULL NAME Clyde W. Ridenhour

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/23/37, 19

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

22. I HEREBY CERTIFY, That I attended deceased from Mar 15, 1937, to 3-23, 1937

I last saw him alive on 2-19-37, 1937. Death is said to have occurred on the date stated above, at 8:05 PM

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 25 1889

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 48 2 29

Date of onset 1933

Other contributory causes of importance: 23

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

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) Douglas Co, Mo

13. NAME Ike Ridenhour

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Rosa Ridenhour (ADDRESS) Thayer Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Ary, Cem DATE 3/25/37, 19

19. UNDERTAKER (ADDRESS) Geo Carr Thayer Mo.

20. FILED Mar 24 1937 George Johnson Registrar.

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 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? If so, specify (Signed) Chas. W. ..., M. D. (Address) Thayer Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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