

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

Do not use this space.

JUN 17 1937

1. PLACE OF DEATH
 12 County Butler Registration District No. 89
 2 Township Primary Registration District No. 3007
 4 City Poplar Bluff (No. 924 Benton St. File No. 19571
 Registered No. 128 St. Ward)

2. FULL NAME Lue Emma Ridgel
924 Benton St.
 (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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Herford Ridgel

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 6 1937
 22. I HEREBY CERTIFY, That I attended deceased from May 4, 1937 to May 6, 1937.
 I last saw h. or alive on May 4, 1937 Death is said to have occurred on the date stated above, at 3:30 A.M.
 The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 15, 1905
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
31 9 21

Tuberculosis of lungs Date of onset Sept 1936

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.....

Other contributory causes of importance:
Hemorrhage from lungs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Muskogee Oklahoma

13. NAME Pierce Davis

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

15. MAIDEN NAME Lela Williams

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

17. INFORMANT Herford Ridgel (ADDRESS) Poplar Bluff, Mo.

18. BURIAL, CREMATION, OR REMOVAL City Cemetery PLACE Poplar Bluff, Mo. DATE 5/7/37

19. UNDERTAKER Frank Und. Co. (ADDRESS) Poplar Bluff, Mo.

20. FILED 5/7 1937 Blutinger 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? Y/N
 If so, specify
 (Signed) D. G. Bond M. D.
 (Address) Poplar Bluff, Mo.

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.

