

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

58 JUL 29 1937

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

Do not use this space.

1. PLACE OF DEATH

County Linn
Township Parson Creek
City (No.)

Registration District No. 3035669
Primary Registration District No. 9206

File No. 24190
Registered No. 130
St. Ward)

2. FULL NAME

Emma O. Riddle

(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. 1 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) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 6 - 1849

7. AGE YEARS 88 MONTHS 1 DAYS 7 IF LESS than 1 day, hrs. or min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housekeeper

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) Collegedale Ohio

13. NAME John Walkup

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

15. MAIDEN NAME Dont know

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

17. INFORMANT (ADDRESS) W. S. Riddle

18. BURIAL, CREMATION, OR REMOVAL PLACE Rocky Mtn DATE June 1937

19. UNDERTAKER (ADDRESS) Smiley Funeral Home

20. FILED 6-17 1937 E. W. Wern Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 13 1937

22. I HEREBY CERTIFY That I attended deceased from June 11 1937 to June 13 1937

I last saw her alive on June 12 1937. Death is said to have occurred on the date stated above, at 9 P.M.

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

Chronic Myocarditis
Acute Myocardial Pathosis
Other contributory causes of importance:
Chronic Myocarditis

Name of operation (AB) 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 3
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) W. W. White (Address)

