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.

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

SEP 10 1937

Do not use this space.

29042

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

File No. .....

Registered No. 7675

City St. Louis, Mo. (No. 2601 N. Whittier Homer G. Phillips Hospital Ward)

2. FULL NAME George W. Riddick

(a) Residence, No. 2903 Sheridan St., 21 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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 | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) |
|---|---|---|
| Male | Col. | Married |

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 6, 1885

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 51 | 10 | 6 | |

OCCUPATION

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

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

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) Coffeville Miss.

FATHER

13. NAME Jack Riddick

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

MOTHER

15. MAIDEN NAME Effla Snide

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Virginia

17. INFORMANT (ADDRESS) Effla Lane 2830a Franklin

18. BURIAL, CREMATION, OR REMOVAL PLACE Coffeville, Miss DATE 8/14/37, 19

19. UNDERTAKER (ADDRESS) E. L. Garner 2829 Washington

20. FILED AUG 14 1937, 19 J. L. Bredeck Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12th day of Aug 1937

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 3:10 A.M.

The principal cause of death and related causes of importance were as follows: Traumatic intracranial hemorrhage, Septicemia, Chronic Adhesive Pericarditis, suffered when struck with baseball bat in hands of one, John Riddick, son of deceased, in front of home at 2903 Sheridan Avenue, about 8:30 P.M. July 31, 1937. Homicide.

Date of onset

Other contributory causes of importance:

175b

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? homicide Date of injury 7/31/37

Where did injury occur? see above (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury see above

Nature of injury see above

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) Joseph M. Quinn, M. D.

(Address) Deputy Coroner

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