

OCT 20 1937

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

Do not use this space.

34201

1. PLACE OF DEATH

County Gentry  
Township Jackson  
City At-Rock-Quarry (No. 2)

Registration District No. 317  
Primary Registration District No. 41-8-8  
5431A

File No. 18  
Registered No. 18  
St. 1 Ward

2. FULL NAME John Hardin Riddle

(a) Residence, No. King City Mo. St. 1 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 5. 1885.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
53 6 8

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

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) 9/11/37. 11. Total time (years) spent in this occupation.

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

13. NAME Matt Riddle.

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

15. MAIDEN NAME Georgie Riddle.

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

17. INFORMANT Maggie E. Riddle. (ADDRESS) King City Mo.

18. BURIAL, CREMATION OR REMOVAL PLACE King City Mo. DATE 9/15/37

19. UNDERTAKER R. G. Taggart. (ADDRESS) King City Mo.

20. FILED 9/15/37 1937 Donald W. Smith Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Only inspected body

I last saw him alive on 11/19, 1937 Death is said

to have occurred on the date stated above, at 11 A. m.

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

acute attack of Chronic Valvular Heart Disease

Other contributory causes of importance:

Name of operation 920 Date of 9/20/37

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? No Date of injury 9/13/37

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 Yes  
(Signed) J. A. Carver M. D.  
(Address) Stamberg, 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.

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OCCUPATION 37  
MOTHER FATHER 38

