REC'D MAY 18 1938

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

Do not use this space.

File No. 14220

Registered No. 95

1. PLACE OF DEATH
County: Callaway
Township: St Aubert
City: ..... (No. ..... St. ..... Ward)
Registration District No. 105
Primary Registration District No. 2154

2. FULL NAME: Robert Lee Riddle 340
(a) Residence, No. R 4 Fulton Mo 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

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: Laura Riddle

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov 2, 1863

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
74	5	21	

OCCUPATION
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): 1936
11. Total time (years) spent in this occupation: 6 yr

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY): Milan Missouri

FATHER
13. NAME: Randall Riddle
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia

MOTHER
15. MAIDEN NAME: Malinda Jones
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia

17. INFORMANT: L. Riddle
(ADDRESS): Fulton, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Fairview Cemetery Sullivan County DATE: April 26, 1938

19. UNDERTAKER: Leo G. Wallace
(ADDRESS): Fulton, Mo

20. FILED: 4/26/ 1938 W H Williamson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 4-23, 1938

22. I HEREBY CERTIFY, That I attended deceased from 4-22, 1938, to 4-23, 1938
I last saw him alive on 4-23, 1938 Death is said to have occurred on the date stated above, at 6 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	4-22-38
Gall	

Other contributory causes of importance:
Arteriosclerosis + Hypertension

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) W O Payne, M. D.
(Address) R 4 Fulton Mo.

107

N.B.—Every item of information should be carefully supplied. Be sure that the CAUSE OF DEATH is very important. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.