

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

26643
 Do not use this space.

REC'D AUG 6 1938

1. PLACE OF DEATH

(a) County Shelby Registration District No. 830
 (b) Township East River Primary Registration District No. 4503
 (c) City Shelbiana (d) Street No. Cornish Hospital St. 17
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Josephine & Sidney Ridge 320 St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Wm L. Ridge</u>			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec-6-1864</u>			
7. AGE YEARS <u>73</u>	MONTHS <u>7</u>	DAYS <u>13</u>	If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Housewife</u>		11. Total time (years) spent in this occupation.....	
9. Industry or business in which work was done, as saw mill, bank, etc.		10. Date deceased last worked at this occupation (month and year).....	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 20, 1938 to July 19, 1938
 Last saw her alive on July 19, 1938. Death is said to have occurred on the date stated above, at 3:25 p.m.
 The principal cause of death and related causes of importance were as follows:
Dehydration & Gall Stones
and Purulent Gall bladder
 Date of onset 5/1

Other contributory causes of importance:
5/1

12. BIRTHPLACE (CITY OR TOWN) Calfax
 (STATE OR COUNTRY) West Virginia

FATHER

13. NAME John Beach

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

MOTHER

15. MAIDEN NAME Martha Moore

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

17. INFORMANT Wm L. Ridge
 (ADDRESS) Shelbyville, Mo.

18. BURIAL, CREMATION, OR REMOVAL
Shelbyville, Mo. PLACE South Cemetery DATE July 23, 1938

19. FUNERAL DIRECTOR E. P. Thompson
 (ADDRESS) Shelbyville, Mo.

20. FILED July 19, 1938 Ruth Jayner
 Local Registrar.

Name of operation Gall stones and gall bladder Date of operation July 19, 1938
 What test confirmed diagnosis? Pathology Was there an autopsy? No

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? No
 If so, specify.....
 (Signed) J. A. Harrison, M. D.
 (Address) Shelbiana, Mo.

STATEMENT BY LICENSED EMBALMER

I, E. P. Thompson, Licensed Embalmer No. 1632
hereby certify that the body recorded on the reverse side of this certificate was embalmed by E. P. Thompson
L. E.
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.
Signed E. P. Thompson
Licensed Embalmer No. 1632

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)