REC'D NOV 14 1938

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

35077
Do not use this space.

1. PLACE OF DEATH
(a) County BOONE — Registration District No. 73
(b) Township — Primary Registration District No. 3006 — Registered No. 241
(c) City COLUMBIA — (d) Street No. ..... St.
(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.

400

2. PRINT FULL NAME MAUDE RIDGWAY MALLOY
(a) Residence, No. 128 EDGEWOOD 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: FEMALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): WIDOWED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: GEORGE E. STEIN

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): OCT 2nd 1872

7. AGE: YEARS 66 — MONTHS x — DAYS 8 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc.: HOUSEWIFE
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): GARNET KANSAS

FATHER
13. NAME: GEORGE W. RIDGWAY
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): DONT KNOW

MOTHER
15. MAIDEN NAME: EUPHEME SPRIGGS
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): INDIANA

17. INFORMANT (ADDRESS): MRS GRAHAM 128 EDGEWOOD

18. BURIAL, CREMATION, OR REMOVAL
PLACE: MEMORIAL PARK DATE: OCT 13, 1938

19. FUNERAL DIRECTOR (ADDRESS): R. O. WILLETT COLUMBIA

20. FILED 10/12/1938 Allie Selby Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): OCT. 10th, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 23, 19..., to Oct. 13, 19...
I last saw her alive on Oct 15, 1938. Death is said to have occurred on the date stated above, at 8;15 P.M. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
chronic myocarditis (hypertension heart with cardiac insufficiency)	

92 C

Other contributory causes of importance:
predisposing cause hypertention with a history of (at one time) blood pressure of 240 mmHg.

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? No
If so, specify .....
(Signed) Walter Sparks, D.O. ~~M.D.~~
(Address) Columbia Mo

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(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

Lyman A. Sprinkle, Licensed Embalmer No. 4013

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Antenna & County

L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed Lyman A. Sprinkle

Licensed Embalmer No. 4013

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