

REC'D JAN 17 1939

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

Do not use this space.

## 1. PLACE OF DEATH

County St Clair 2  
Township Roscoe 1  
City 340 (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

Registration District No. 766  
Primary Registration District No. 6011

File No. 44360  
Registered No. \_\_\_\_\_

2. FULL NAME George F. Riddle

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(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. (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed  
(Write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7/4/1856

7. AGE 82 YEARS MONTHS 3 DAYS 5 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired Farmer  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Cape (STATE OR COUNTRY) Mo.13. NAME Unknown14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Mo.15. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Mo.17. INFORMANT Laura Southers (ADDRESS) Osceola Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Benton Green DATE 10/11/3819. UNDERTAKER F. B. Goodrich (ADDRESS) Roscoe Mo.20. FILED 12-1, 1938 Miss F. B. Goodrich (Address) 584 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-9, 1938

22. I HEREBY CERTIFY, That I attended deceased from 10-4, 1938, to 10-9, 1938.  
I last saw him alive on 10-9, 1938. Death is said to have occurred on the date stated above, at 12:45 P. m.  
The principal cause of death and related causes of importance were as follows:

Myocardial Stearosis Date of onset \_\_\_\_\_

Other contributory causes of importance:

Ischaemic General Dropsy

Name of operation None 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? Chin Aug. Date of injury 5, 1938

Where did injury occur? None  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None  
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_  
(Signed) J. W. Richardson, M. D.

(Address) Office Mo.

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.

RECEIVED  
District Health Officer No. 7  
District File Number 7-39-78  
Date Filed 1-11-39

75-  
- 5