

REGD MAY 16 1938

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

Do not use this space.

1. PLACE OF DEATH

County *Osage*Township *Osage*City *356* (No. *1*)Registration District No. *643*Primary Registration District No. *5852*File No. *15700*Registered No. *5852*

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. *356 Thomas Ridenhour*
(Usual place of abode) *Belle R.D. St.* Ward _____Length of residence in city or town where death occurred *70* yrs. *7* mos. *14* ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

m

4. COLOR OR RACE

w

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

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

Susany Goodman

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

June 20, 1867

7. AGE

70

YEARS

MONTHS

DAYS

7
14

If LESS than 1 day, _____ hrs. or _____ min.

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.

own farm

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

50

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

Zenaria Co Mo.

MOTHER FATHER

13. NAME

Tom. Ridenhour

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

? ?

15. MAIDEN NAME

Julia

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

?

17. INFORMANT (ADDRESS)

Mrs. Susan Ridenhour

18. BURIAL, CREMATION, OR REMOVAL

PLACE *Pilot Knob Cem.* DATE *2-5-39*

19. UNDERTAKER (ADDRESS)

Mattson Funeral Home

20. FILED

Mar 10, 1938 Mrs. Seneca Johnson

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *2-3-39* 1922. I HEREBY CERTIFY, That I attended deceased from *11-1-39*, 19, to *2-3-39*, 19.I last saw him alive on *2-2-39*, 19. Death is said to have occurred on the date stated above, at *10 P.M.*

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

Diabetic Coma

Date of onset

2-3-39

Other contributory causes of importance:

59
Nephritis
Hypertension
*Prostatitis**Chronic*
Chronic
*Chronic*Name of operation *none* Date of _____What test confirmed diagnosis? *clinical* 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) *H. C. Dwyer M.D.*(Address) *6 inn 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.

M. S.