AUG 10 1939

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

Do not use this space.

25144

1. PLACE OF DEATH
County Butler
Township
City Poplar Bluff (No. Brandon Hosp St. Ward)
Registration District No. 89
Primary Registration District No. 3007
File No.
Registered No. 193

2. FULL NAME Angela Louise Ridings
(a) Residence, No. St., Ward. Kennett Missouri
(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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): infant
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 31, 1939
7. AGE — YEARS — MONTHS — DAYS — If LESS than 1 day, 3 hrs. or min.

OCCUPATION
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. —
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) Poplar Bluff Missouri

FATHER
13. NAME Anderson Ivanhoe Ridings
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cotton Plant, Mo.

MOTHER
15. MAIDEN NAME Mildred Harriet Batton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Piggott, Ark.

17. INFORMANT (ADDRESS) Mildred Ridings Kennett Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Kennett DATE 8/1, 1939
19. UNDERTAKER (ADDRESS) none
20. FILED 8/1, 1939 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 31 —, 1939
22. I HEREBY CERTIFY, That I attended deceased from July 31 —, 1939, to July 31, 1939
I last saw her alive on July —, 1939. Death is said to have occurred on the date stated above, at 11:30 P.M.
The principal cause of death and related causes of importance were as follows:

Asphyxia Neonatorum July 31-1939

Date of onset

154

Other contributory causes of importance:
Premature Infant 7½ Mo.

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) [signature], M. D.
89 (Address) Poplar Bluff, Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.