REC'D DEC 11 1939

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

39079
Do not use this space.

1. PLACE OF DEATH
(a) County Buchanan, Registration District No. 85
(b) Township Primary Registration District No. 1001 Registered No. 1213
(c) City St. Joseph, (d) Street No. 310 West Rosine, 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 73 yrs. 8 mos. 28 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME William Thomas Ridley Sr.,
(a) Residence, No. 310 West Rosine, St.
(Usual place of abode, if no street address, write county or city) (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 (write the word): Married,
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Bessie H. Ridley,
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb'y 26, 1866
7. AGE: YEARS 73 | MONTHS 8 | DAYS 28 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Salesman,
9. Industry or business in which work was done, as saw mill, bank, etc.: Candy,
10. Date deceased last worked at this occupation (month and year): November 1939
11. Total time (years) spent in this occupation: 5

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Saint Joseph, Missouri, 0

FATHER
13. NAME: John George Ridley, 4
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, England, 4

MOTHER
15. MAIDEN NAME: Anna Trost,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Devershire, England,

17. INFORMANT (ADDRESS): Mrs. Wm. T. Ridley Sr. 310 W. Rosine Str.
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Ashland Cem. DATE: Nov. 27th, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Heaton - Bowman Funeral Home 319 So. 10th Str.
20. FILED: Nov 25, 1939 H. J. Mattebush Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 24, 1939
22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1939, to Nov 12, 1939
I last saw him alive on Nov 12, 1939. Death is said to have occurred on the date stated above, at 5:00 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	11/24-39

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical 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) Will W. Growx M.D.
85 (Address) 222 Logan Bldg x 3

(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.

X14028

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me Nov 24, 3

, or by

Registered Apprentice No. , working under my personal supervision.

Signed

Licensed Embalmer No. 7

P. O. Address

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.)

If this body is not embalmed, above space should be left blank.