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

Do not use this space.

8264

File No.

Registered No. 15

1. PLACE OF DEATH

47 County Iron — Registration District No. 391

Township Arcadia — Primary Registration District No. 5546a

City Arcadia (No. ..... St. ..... Ward)

2. FULL NAME Walter Stanfield Tridwest

(a) Residence. No. Arcadia College St., Ward.

(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.

APR 28 1932

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 7 - 1862

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	69	6.	24	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Teacher 215

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Piqua

(STATE OR COUNTRY) Piqua Ohio

PARENTS

10. NAME OF FATHER Wm Tridwest

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Virginia

12. MAIDEN NAME OF MOTHER Elizabeth Alsbury

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Tennessee

14. INFORMANT Father Stanfield Tridwest

(Address) Arcadia, Mo.

15. FILED 4/1, 1932 R. A. Rasche REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 31 1932

17. I HEREBY CERTIFY, That I attended deceased from March 22, 1932 to March 30, 1932, that I last saw h.e alive on March 29, 1932 and that death occurred, on the date stated above, at 11:15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

10A

Lobar Pneumonia

(duration) ....yrs. 10 mos. ....ds.

CONTRIBUTORY (SECONDARY) 10B

(duration) ....yrs. ....mos. ....ds.

18. WHERE WAS DISEASE CONTRACTED Home of Client

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF —

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) [illegible], M. D.

Apr 1, 1932 (Address) Gronton, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Catholic Arcadia Cemetery — DATE OF BURIAL Apr 2 1932

20. UNDERTAKER Arcadia Undertaking Co. — ADDRESS Ironton 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD