

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

Do not use this space.

6029

1. PLACE OF DEATH *Dunklin*
 County.....*Dunklin* Registration District No.*284*
 Township.....*Bennett* Primary Registration District No.*0172*
 City.....*Bennett* No. St. Ward.....

2. FULL NAME *J Frank Riddle*
 (a) Residence, No. 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

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 *Mary Riddle*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Dec 21 - 1884*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
44 2 6

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work *Retired Merchant*
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo.*

10. NAME OF FATHER *Joseph Riddle*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) *Mo.*

12. MAIDEN NAME OF MOTHER *Mollie Dickson*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) *Ark.*

14. INFORMANT *Oscar Riddle*
 (Address) *Campbell Mo*

15. FILED *2/28/29* *E. L. Spence*
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Feb 27 1929*

17. I HEREBY CERTIFY, That I attended deceased from *July 27 1929* to *July 27 1929* that I last saw *alive* on *July 27, 1929*, and that death occurred, on the date stated above, at *12:20 p.m.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Tuberculosis
2-2A

CONTRIBUTORY (SECONDARY) *31* (duration) *1* yrs. *3* mos. da.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH.....
 DID AN OPERATION PRECEDE DEATH? *no* DATE OF.....
 WAS THERE AN AUTOPSY? *no*
 WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) *J. J. Phipps*, M. D.
2-28-29, 18 29 (Address) *Kennett 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 *Bethany Cem.* DATE OF BURIAL *3/1 1929*

20. UNDERTAKER *C. W. Landen* ADDRESS *Campbell*

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.

MAR 21 1929

WHILE LAINLY, WITH UNFADING IMPRESSIONS IS A PERMANENT RECORD

Revised
Piper