...m of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state ...ATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

APR 27 193

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

Do not use this space.

12928

1. PLACE OF DEATH

County Vernon — Registration District No. 871 — File No.

Township Osages — Primary Registration District No. 6155 — Registered No. 1

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Margaret Ellen Rider

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)

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)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 24 - 1924

7. AGE — YEARS 6 — MONTHS 3 — DAYS 22 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

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) Vernon

FATHER

13. NAME Irl C. Rider

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

MOTHER

15. MAIDEN NAME Truda Brown

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

17. INFORMANT (ADDRESS) Irl C. Rider Rich Hill

BURIAL, CREMATION, OR REMOVAL

PLACE Rider Cemetery DATE May 17 1931

UNDERTAKER (ADDRESS) Pond & Reasley Rich Hill Mo.

0. FILED Mar 17, 1931 C. H. Musser M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 16, 1931

22. I HEREBY CERTIFY, That I attended deceased from June 26, 1931, to Mar 15, 1931

I last saw her alive on Mar 14, 1931. Death is said to have occurred on the date stated above, at 1 A.m.

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

Sarcoma Spleen — Date of onset

53E

53E

Other contributory causes of importance:

Name of operation Exploration — Date of

What test confirmed diagnosis? Laboratory & 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) [signature], M. D.

(Address) Rich Hill

George A. [illegible]

7/15/[illegible] 1870