

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

Do not use this space.

1091

File No. 129
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH

County Jackson Registration District No. 334
Township Kaw Primary Registration District No. 1004
City Kansas City (No. 2104, Wabash)

2. FULL NAME

Elizabeth Ross-Ridd
(a) Residence, No. 2104 Wabash Ward. _____
(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 17, 1872

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
59 11 25

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework at home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
10. Date deceased last worked at this occupation (month and year) Oct 1931 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kans.

FATHER
13. NAME Willis Brown

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

MOTHER
15. MAIDEN NAME Fannie Benton

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

17. INFORMANT (ADDRESS) Sophia Hammers 2104 Wabash

18. BURIAL, CREMATION, OR REMOVAL PLACE Great Bend, Kas DATE Jan. 13, 1932

19. UNDERTAKER (ADDRESS) Adkins Bros. 2522 E. 12th St

20. FILED Jan 13, 1932 M. M. Corvett Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 12, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 18, 1931, to Jan 12, 1932

I last saw her alive on Jan 11, 1932 Death is said

to have occurred on the date stated above, at 10:30 a.m.

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

Old cerebral apoplexy
glauc
Other contributory causes of importance _____
Date of onset _____

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 0

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____ (Signed) W. M. Corvett, M. D.
(Address) 1612 E 12

