

MAI 2 3 1935

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

Do not use this space.

42583-a

1. PLACE OF DEATH

County Henry
Township Blackman
City King City (No. _____) St. _____ Ward _____

Registration District No. 312
Primary Registration District No. 5431A

File No. _____
Registered No. _____

2. FULL NAME

(a) Residence, No. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 21 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 M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ida Ringold
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 28 - 1884
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
50 1 21

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dentist
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) 12-17-1934 11. Total time (years) spent in this occupation 21

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clarkwood Mo.

13. NAME Ladwell Ringold

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

15. MAIDEN NAME Julia B. Willing

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

17. INFORMANT Ida Ringold (ADDRESS) King City Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Union Star DATE 12-23 1934

19. UNDERTAKER (ADDRESS) R. G. Torggast King City

20. FILED 19 W. W. Pavlette Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-19 1934

22. I HEREBY CERTIFY, That I attended deceased from 12-19-34 to 12-19-34 at King City Mo.

I last saw him alive on 12-19-34 1934. Death is said to have occurred on the date stated above, at 10:45 a.m.

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

Angina Pectoris
Other contributory causes of importance:
None

(Name of operation) _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1934

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? _____
If so, specify _____

(Signed) C. G. P. M.D. (Address) Albany, 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.

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