FEB 13 1936

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

Do not use this space.

4577

1. PLACE OF DEATH
County Boone
Township Rocky Fork
City Hallsville Mo
Registration District No. 74
Primary Registration District No. 5113
File No.
Registered No. 2
(No. , St. Ward)

2. FULL NAME William Mason Ridgway
(a) Residence, No. Hallsville Mo St., Ward.
(Usual place of abode)
(If nonresident, give city or town and State)
Length of residence in city or town where death occurred ~~72 yrs.~~ 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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: Cordie Ridgway

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 12 - 1 - 1863

7. AGE: YEARS 72 | MONTHS 2 | DAYS 0 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming
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): Hallsville Mo.

FATHER
13. NAME: Jacharich Ridgway
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

MOTHER
15. MAIDEN NAME: Parthenia Newman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hallsville Mo.

17. INFORMANT (ADDRESS): Mrs Roswell Norris Hallsville Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hickory Grove DATE Feb 2 1936

19. UNDERTAKER (ADDRESS): Chandler & McDonald Hallsville Mo.

20. FILED 2 - 1 - 1936 Mrs. F. L. Fawcett Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 1st, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 8th, 1936, to Feb. 1st, 1936
I last saw him alive on Feb. 1st, 1936. Death is said to have occurred on the date stated above, at 12:45 A.M.
The principal cause of death and related causes of importance were as follows:

Uremia

Date of onset

59

Other contributory causes of importance:

Diabetes

Name of operation none Date of
What test confirmed diagnosis? Phys Exam 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) Centralia 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.