

AUG 19 1937

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

Do not use this space.

26767

1. PLACE OF DEATH
 County Butler Registration District No. 89
 Township _____ Primary Registration District No. 3007
 City Poplar Bluff, Mo. (No. Brandon Hospital) St. _____ Ward) _____

2. FULL NAME Wendall Riddle
 (a) Residence, No. _____ St. _____ Ward. Bernie, Missouri
 (Usual place of abode) (If nonresident, give city or town and State)
 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 16, 1926
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
10 6 13

OCCUPATION
 8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. Child
 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) Flint
 (STATE OR COUNTRY) Michigan

FATHER
 13. NAME Elmer Riddle

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

MOTHER
 15. MAIDEN NAME Pearl McIntosh

16. BIRTHPLACE (CITY OR TOWN) Campbell, Mo.
 (STATE OR COUNTRY)

17. INFORMANT Elmer Riddle
 (ADDRESS) Bernie, Missouri

18. BURIAL, CREMATION, OR REMOVAL Bernie Cemetery
 PLACE Bernie, Mo. DATE June 30, 1937

19. UNDERTAKER Frank Und. Co.
 (ADDRESS) Poplar Bluff, Mo.

20. FILED 7/5 37 Registrar. Ole Uttinger

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 29, 1937
 22. I HEREBY CERTIFY, That I attended deceased from June 28, 1937 to June 29, 1937
 I last saw him alive on June 29, 1937 Death is said to have occurred on the date stated above, at 2:30 A.M.
 The principal cause of death and related causes of importance were as follows:

Date of onset
Peritonitis 6/25/37
 Other contributory causes of importance:
12/
Appendicitis, gangrenous perforated 6/24/37
 Name of operation Appendectomy Date of 6/28/37
 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 _____, 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) D. J. Brandon M. D.
 (Address) Poplar Bluff, 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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