

JAN 15 1938

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

Do not use this space.

1. PLACE OF DEATH

County Boone

Registration District No. 73

File No. 44678

Township Columbia

Primary Registration District No. 3006

Registered No. 266

City Columbia

(No. Boone County Hospital St.          Ward         )

2. FULL NAME

(a) Residence, No. 11403 E. Bldg St.          Ward         

(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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-4-1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

76 6 28

OCCUPATION 8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. Farmer

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) Boone County Missouri

FATHER 13. NAME John Ridgway

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

MOTHER 15. MAIDEN NAME Margaret Belden

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

17. INFORMANT (ADDRESS) Mrs. J. W. Ridgway Columbia Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Columbia Cem. DATE 12-4-1937

19. UNDERTAKER (ADDRESS) Casper Furniture Co. Columbia Mo.

20. FILED 12/4/1937 Allie Selby Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 2 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 21 1937 to Dec 2 1937

I last saw h. and alive on Dec 1 1937. Death is said

to have occurred on the date stated above 4:50 a.m.

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

Sober Pneumonia following fractured ribs left side & auto collision.

Other contributory causes of importance:

Chronic Nephritis

Name of operation None Date of         

What test confirmed diagnosis?          Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide Accident Date of injury Nov. 27, 1937

Where did injury occur? Columbia, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

on street in Columbia, Mo.

Manner of injury driving car & collided with another car

Nature of injury fractured ribs left side

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify Robert H. Simpson M. D.

(Signed) Robert H. Simpson M. D.

(Address) Columbia, 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.

