

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SEP 26 1938

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

Do not use this space.

30197

**1. PLACE OF DEATH**

County Sullivan  
Township Union  
City (No. ....) (No. ....) St. .... Ward

Registration District No. 849  
Primary Registration District No. 6113

File No. ....  
Registered No. 37

**2. FULL NAME** John Stephen Riddle

(a) Residence, No. .... St. .... Ward. (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**

**MEDICAL CERTIFICATE OF DEATH**

|  |  |   |
|--|--|---|
| 3. SEX<br><u>Male</u>  | 4. COLOR OR RACE<br><u>White</u>   | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>Married</u>                       |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF<br><u>Mary Elizabeth Riddle</u> |  |   |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 15, 1853</u>                                 |  |   |
| 7. AGE   | YEARS  | MONTHS  |
|  | <u>84</u>  | <u>11</u>   |
|  |  | DAY   |
|  |  | <u>27</u>   |
|  |  | IF LESS than 1 day, ..... hrs. or ..... min.  |
| OCCUPATION   | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.<br><u>Farmer</u> | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.<br><u>Farm</u> |
|  | 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)<br><u>Virginia</u>  |   |
| FATHER   | 13. NAME<br><u>Randolph Riddle</u>   |   |
|  | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>Carolina</u>  |   |
| MOTHER   | 15. MAIDEN NAME<br><u>Malinda Jones</u>  |   |
|  | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>Carolina</u>  |   |
| 17. INFORMANT <u>Dick Riddle (Dick Riddle)</u><br>(ADDRESS) <u>Milan, Missouri R. 710.</u>   |  |   |
| 18. BURIAL, CREMATION, OR REMOVAL<br>PLACE <u>Fairview</u> DATE <u>Aug. 14</u> 19 <u>38</u>  |  |   |
| 19. UNDERTAKER <u>Glenn E. Kent &amp; Son</u><br>(ADDRESS) <u>Green City, Mo.</u>            |  |   |
| 20. FILED <u>Aug 30, 1938</u> <u>Virginia Gibson</u><br>Registrar.                           |  |   |

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-12 1938

I HEREBY CERTIFY, That I attended deceased from June 15, 1938, to Aug 12, 1938  
I last saw him alive on Aug - 10, 1938. 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:  
Valvular Heart disease Date of onset

Other contributory causes of importance  
Nature Sclerosis

Name of operation..... Date of.....  
What test confirmed diagnosis? Medical 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) D. C. Schurr M. D.  
(Address) Green City, Mo.

RECEIVED

District Health Officer No. 10

District File Number 10-38-64

Date Filed 9-14-38