

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

Do not use this space.

AUG 19 1939

1. PLACE OF DEATH

County St. Clair
Township Jackson
City 200 (No. _____) St. _____ Ward _____

Registration District No. 1037
Primary Registration District No. 6012

File No. 26693

Registered No. _____

2. FULL NAME

Sarah Elizabeth Riddle

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

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Albert E Riddle

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 9, 1859

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
	<u>80</u>	<u>5</u>	<u>7</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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) Burksville, Kentucky
(STATE OR COUNTRY) Louderland Co

13. NAME Claywell

14. BIRTHPLACE (CITY OR TOWN) Not Given
(STATE OR COUNTRY) Don't know

15. MAIDEN NAME Don't know

16. BIRTHPLACE (CITY OR TOWN) Not Given
(STATE OR COUNTRY) Don't know

17. INFORMANT Mrs Hattie Kays
(ADDRESS) Lawrence City Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Wrights Creek Cemetery 7/17/39

19. UNDERTAKER H. C. Austin
(ADDRESS) Lawrence City Mo

20. FILED S. H. 1939 Mrs W. A. Hudson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 16, 1939

22. I HEREBY CERTIFY, that I attended deceased from July 15, 1939, to July 16, 1939
I last saw her alive on July 16, 1939. Death is said to have occurred on the date stated above, at 5 P.M.
The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage
apoplexy

Other contributory causes of importance: g. f. h.

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 _____, 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?
If so, specify _____
(Signed) E. S. Stratton, M. D.
(Address) Lawrence City

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.

RECEIVED

District Health Officer No. 7

District File Number 7-39-11

Date Filed 8-7-39