

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

Do not use this space.

41924

1. PLACE OF DEATH

County Ray
Township Richmond
City Richmond, Mo (No. St. Ward)

Registration District No. 744
Primary Registration District No. 3035

File No.
Registered No. 3

2. FULL NAME

Florence Isabella Ringquist
(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 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Andrew Ringquist

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 25, 1855

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>76</u>	<u>3</u>	<u>0</u>	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. Housekeeping
(b) General nature of industry, business, or establishment in which employed (or employer).
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Millville, Mo
(STATE OR COUNTRY)

PARENTS	10. NAME OF FATHER <u>Thomas Young</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Millville, Mo</u> (STATE OR COUNTRY)
	12. MAIDEN NAME OF MOTHER <u>Octavia Mason</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Richmond, Mo</u> (STATE OR COUNTRY)

14. INFORMANT Mrs William Yates
(Address) Richmond, Mo

15. FILED 12-31-31 19 31 E. E. Day REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 25 1931

17. I HEREBY CERTIFY, That I attended deceased from Dec 22, 1931, to Dec 23, 1931 that I last saw him alive on Dec 23, 1931, and that death occurred, on the date stated above, at 4:30 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Atherosclerosis
8 1/2 A (duration) yrs. mos. 3 ds.
CONTRIBUTORY (SECONDARY) 8 1/2 A (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? no DATE OF.....
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS none
(Signed) E. D. Green M. D.
Dec 26 1931 (Address) Richmond, Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL City Cemetery DATE OF BURIAL Dec. 26 1931

20. UNDERTAKER E. H. ... ADDRESS Richmond, 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 very important.

