

ORIGINAL

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF VITAL STATISTICS STATE OF IOWA

1 PLACE OF DEATH Adams County, Iowa State, Iowa Registered No. Nodaway or Village. City No. St. Ward (If death occurred in a hospital or institution, give its name instead of street and number)

2 FULL NAME Wm A Rider (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 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 6 DATE OF BIRTH (month, day, and year) Jan 30 - 1836 7 AGE Years 87 Months Months Days 3 If less than 1 day, hrs. or min.

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

9 BIRTHPLACE (city or town) New York (State or country)

10 NAME OF FATHER Wakeman Rider 11 BIRTHPLACE OF FATHER (city or town) New York (State or country) 12 MAIDEN NAME OF MOTHER Hannah Bates 13 BIRTHPLACE OF MOTHER (city or town) New York (State or Country)

14 Informant T.W. Rider (Address) Nodaway Ia

15 Filed, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-2-1923

17 I HEREBY CERTIFY, That I attended deceased from Feb 2, 1923, to Feb 2, 1923, that I last saw h... alive on Feb 2, 1923, and that death occurred, on the date stated above, at 8 P. M. THE CAUSE OF DEATH* was as follows:

Chronic Myocarditis

CONTRIBUTORY (Secondary) Scurvy

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? (Signed) T.W. L... M. D. 19 (Address) William J...

*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. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Nodaway, Iowa. DATE OF BURIAL Feb 6, 1923

20 UNDERTAKER A.B. Wolfe ADDRESS Valley Co. Ia.

on back of certificate. See instructions