

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

Do not use this space.

17,016

**1. PLACE OF DEATH**

County: Madison Registration District No. 16  
 Township: Rochester Primary Registration District No. 5670  
 City: Louisiana (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 4

**2. FULL NAME**

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 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.

Louisa R. Richter  
Illiana, Mo.  
 (If nonresident give city or town and State)  
 How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

**3. SEX** Female  
**4. COLOR OR RACE** White  
**5. SINGLE, MARRIED, WIDOWED OR DIVORCED** widowed  
**5A. IF MARRIED, WIDOWED, OR DIVORCED**  
 HUSBAND OR (OR) WIFE Robert F. Richter  
**6. DATE OF BIRTH (MONTH, DAY AND YEAR)** Feb. 24 - 1848  
**7. AGE**  
 YEARS 83 MONTHS 2 DAYS 24  
 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
**8. OCCUPATION OF DECEASED**  
 (a) Trade, profession, or particular kind of work Housewife  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** May 18 1931  
**17. I HEREBY CERTIFY** That I attended deceased from \_\_\_\_\_, 1931, to \_\_\_\_\_, 1931.  
 I last saw \_\_\_\_\_ alive on \_\_\_\_\_, 1931, and that death occurred, on the date stated above, at \_\_\_\_\_ m.  
**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**  
Old age.  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
**CONTRIBUTORY (SECONDARY)** 167  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Buffalo New York  
**10. NAME OF FATHER** George Whitman  
**11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)** Un known Germany  
**12. MAIDEN NAME OF MOTHER** Christina Richter  
**13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)** Un known Germany

**18. WHERE WAS DISEASE CONTRACTED**  
 IF NOT AT PLACE OF DEATH? \_\_\_\_\_  
**19. DID AN OPERATION PRECEDE DEATH?** \_\_\_\_\_ DATE OF \_\_\_\_\_  
**20. WAS THERE AN AUTOPSY?** \_\_\_\_\_  
**WHAT TEST CONFIRMED DIAGNOSIS?**  
 (Signed) E. M. Reynolds, M. D.  
 \_\_\_\_\_, 1931 (Address) Union Street  
 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.

**14. INFORMANT (Address)** Mon Richter Illiana, Mo.  
**15. FILED** Apr 31 1931 Mrs. Betty Bergman REGISTRAR

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL** Oak Grove Cemetery **DATE OF BURIAL** May 21 1931  
**20. UNDERTAKER** A. Wilson **ADDRESS** Spring 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.

FILED JUN 24 1931

100  
100