

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City

Registration District No. 399
Primary Registration District No. 1002
(No. Wesley Hospital)

File No. 13410
Registered No. 1042

2. FULL NAME Ida Belle Richards

(a) Residence. No. Braymer Mo. St. Braymer Mo. Ward. Braymer Mo.
(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
D. D. Richards

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 27th 1869

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>58</u>	<u>4</u>	<u>20</u>		

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) W. J. 156
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER L. W. McCain

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

12. MAIDEN NAME OF MOTHER Sarah E. Shirley

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Missouri

14. INFORMANT D D Richards
(Address) Braymer

15. FILED 4-17-28 M. M. Crouse
REGISTRAR asa

MEDICAL CERTIFICATE OF DEATH

2
16. DATE OF DEATH (MONTH, DAY AND YEAR) April 17 1928
17.

I HEREBY CERTIFY That I attended deceased from April 16, 1928 to April 17, 1928 that I last saw her alive on April 17, 1928 and that death occurred, on the date stated above, at 10 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Following pulm. resection and drainage of pulmonary abscess. Not tubercular
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Right Pulmonary abscess
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Her home

19. DID AN OPERATION PRECEDE DEATH? yes DATE April 16-1928
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? X-ray
(Signed) J. S. Bradley, M. D.
4-17-1928 (Address) Kob 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 Braymer Mo. DATE OF BURIAL 4/17 19

20. UNDERTAKER The Taylor Funeral Home
ADDRESS

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.

