24 1928

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

Do not use this space.

File No. 24391

Registered No. 4

1. PLACE OF DEATH
County Livingston
Township Grand River
City ..... (No. ..... St. ..... Ward)

Registration District No. 1076
Primary Registration District No. 5681

2. FULL NAME Carrie D. Rich

(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: Albert Rich

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feb 17 - 1870

7. AGE: Years 58 | Months 4 | Days 29 | If LESS than 1 day, ... hrs. or ..... min.

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

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

PARENTS

10. NAME OF FATHER: Andrew Nash
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Wisconsin
12. MAIDEN NAME OF MOTHER: Cynthia Knowles
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Canada

14. INFORMANT: Albert Rich
(Address) Hale Mo

15. FILED July 18, 1928. Mrs. Geo. Cox, REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 16 1928

17. I HEREBY CERTIFY, That I attended deceased from 7-1-28, 19..., to 7-16, 1928, that I last saw h. er alive on 7-16, 1928, and that death occurred, on the date stated above, at 2 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Apoplexy
92 A
92 A (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Chronic Cardis
Valvular (duration) 2 yrs. ..... mos. ..... ds.

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) H. B. Downen, M. D.
July 18, 1928 (Address) Carrollton 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: MacKlin Cemetery | DATE OF BURIAL: July 19 1928

20. UNDERTAKER: Frank E. Slater | ADDRESS: Hale Mo

Exact statement of OCCUPATION is very important. Do not use "housewife" unless it may be properly classified.