

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

Do not use this space.

30265

File No. _____
Registered No. 199
St. _____ Ward _____

1. PLACE OF DEATH
County Cape Girardeau Registration District No. 125
Township _____ Primary Registration District No. 2009
City St. Louis (No. Spanish)

2. FULL NAME Helen Richards
(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) single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 7 - 1900
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
19 2 14

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

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

10. NAME OF FATHER Leslie Richards
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ill.
12. MAIDEN NAME OF MOTHER Emma Lawrence
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Laurens Mo.

14. INFORMANT Mrs. Emma Richards
(Address) 50 Main St - Cape Girardeau Mo

15. FILED 9/21 1929 W Kauffe
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9 - 21 1929
17. HEREBY CERTIFY, That I attended deceased from JAN - 10 - 1929, to SEP. 21 1929
that I last saw her alive on SEP. 20 1929, and that death occurred, on the date stated above, at 2:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis
V3B
(duration) _____ yrs. _____ mos. _____ ds.
CONTRIBUTORY (SECONDARY) 31
(duration) _____ 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 SPUTUM EXAM.
(Signed) C. L. Smith M. D.
, 19 (Address) Cape Girardeau 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 St. Louis Mo
Calvary Cemetery DATE OF BURIAL Sept 23 1929
20. UNDERTAKER Larberg P & H Co ADDRESS Cape Girardeau 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 is very important.

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PARENTS

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