95

OCT 24 1929.

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

Do not use this space.

31756

1. PLACE OF DEATH
County Ste Genevieve — Registration District No. 783 — File No.
Township Saline — Primary Registration District No. 6029 — Registered No.
City (No. St. Ward)

2. FULL NAME Mary Richardson
(a) Residence. No. St., Ward. (If nonresident, give city or town and State)
(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.

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Richardson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 12 1851

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
78	8	7	

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

9. BIRTHPLACE (CITY OR TOWN) Ste. Genevieve Co
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER James Alexander
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) North Carolina
12. MAIDEN NAME OF MOTHER Susan McDowell
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Alabama

14. INFORMANT John T Daniley
(Address) Coffman Mo

15. FILED 9/21, 1929 Mrs H. N Vaugh REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 19 1929

17. I HEREBY CERTIFY, That I attended deceased from Sept 18, 1929, to Sept 19, 1929 that I last saw her alive on Sept 18, 1929, and that death occurred, on the date stated above, at 7 33 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
General Arteriosclerosis
42 A
[illegible]
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Cerebral hemorrhage
(apoplexy) (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? Clinical
(Signed) R C Lanning, M. D.
9/19/, 19 (Address) Ste. Genevieve 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 Ste. Genevieve Co Mo
Mulberry Cemetery
DATE OF BURIAL 9/20 1929

20. UNDERTAKER John Basler Ste. Genevieve Mo
ADDRESS

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