

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

MAY 27 1930

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

Do not use this space.

13458

1. PLACE OF DEATH
 County Newton Registration District No. 609
 Township Wescho Primary Registration District No. 5808
 City _____ St. _____ Ward _____

2. FULL NAME Mary Ann 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.

File No. 157
 Registered No. _____

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>		
5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF <u>O. L. Richards</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Oct 10 1857</u>				
7. AGE	YEARS <u>78</u>	MONTHS <u>5</u>	DAYS <u>28</u>	IF LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Housewife</u> (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) <u>Missouri</u>				
PARENTS	10. NAME OF FATHER <u>David Appleby</u>			
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>			
	12. MAIDEN NAME OF MOTHER <u>Emeline Jones</u>			
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>				
14. INFORMANT <u>O. L. Richards</u> (Address) <u>Wescho, Mo.</u>				
15. FILED <u>5/1 30</u> <u>L. E. Mauss</u> REGISTRAR				

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 7 1930

17. I HEREBY CERTIFY, That I attended deceased from Feb 28, 1930, to April 6, 1930 that I last saw her alive on April 6, 1930 and that death occurred, on the date stated above, at 11:30 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Menstruation
Preparatory
Cause not known
 (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) not known
 (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED?
6900
 IF NOT AT PLACE OF BIRTH _____

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS? ✓
 (Signed) Gemmes, M. D.
4/7 1930 (Address) Neosho 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 <u>Reefus Cemetery</u>	DATE OF BURIAL <u>4/8 1930</u>
20. UNDERTAKER <u>Reghan's</u>	ADDRESS <u>Neosho</u>

