JUL 22 1933

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

Do not use this space.

15838

1. PLACE OF DEATH Greene County ~~ORDEMENT~~ Township PONDCREEK City ..... (No. ..... St. ..... Ward)

Registration District No. 317 Primary Registration District No. 3436

File No. ..... Registered No. .....

2. FULL NAME MARTHA FRANCES 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.

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 | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word) |
|---|---|---|
| FEMALE | WHITE | MARRIED |

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF WIFE OF DAVID RICHARDS

6. DATE OF BIRTH (MONTH, DAY AND YEAR) JAN 16 1886

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 44 | 3 | 20 | |

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

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

PARENTS

10. NAME OF FATHER EDWARD WHITE

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

12. MAIDEN NAME OF MOTHER MARTHA SKELTON

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

14. INFORMANT C. D. Richards
(Address) Republic Mo R. 1.

15. FILED 6/7, 1930 T. G. Frame
6-3-30 REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 6 1930

17. I HEREBY CERTIFY, That I attended deceased from May 1, 1930, to May 6 1930, that I last saw her alive on May 6, 1930, and that death occurred, on the date stated above, at 8 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
1 Acute Gastritis
1 Hr
(duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (SECONDARY) nothing
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED at her Home
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No. DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Physical Signs
(Signed) E. L. Beal, M. D
, 19 (Address) Republic 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 Hades Chapel — DATE OF BURIAL 5/8 1930

20. UNDERTAKER R. E. Sherman — ADDRESS Republic Mo