

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

*St. Humbach*  
Do not use this space.  
9:00 PM  
25700

**1. PLACE OF DEATH**  
County Vernon Registration District No. P75  
Township Washington Primary Registration District No. 6.162  
City Nevada (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Nancy Margaret Richardson  
(a) Residence. No. 1610 N. Washington St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 1 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** W  
**5. SINGLE, MARRIED, WIDOWED OR DIVORCED** (write the word) Widowed

**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF** James M Richardson

**6. DATE OF BIRTH** (MONTH, DAY AND YEAR) March 7, 1845

**7. AGE** YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
84 4 29

**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) Pike Co., Missouri  
(STATE OR COUNTRY)

**10. NAME OF FATHER** Miles Washburn

**11. BIRTHPLACE OF FATHER** (CITY OR TOWN) N. Virginia  
(STATE OR COUNTRY)

**12. MAIDEN NAME OF MOTHER** Mary McQuerry

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

**14. INFORMANT** Mrs. Bet Perry  
(Address) 1610 N. Washington Nevada

**15. FILED** 8/9/30 E. R. King  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

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

**17. I HEREBY CERTIFY**, That I attended deceased from May 30, 30 to July 6, 30, that I last saw her alive on 7-6-30, 19, and that death occurred, on the date stated above, at 1 P m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Chronic Bright's Disease  
Do not know how long  
131 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**CONTRIBUTORY (SECONDARY)**

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**18. WHERE WAS DISEASE CONTRACTED** \_\_\_\_\_  
IF NOT IN PLACE OF BIRTH \_\_\_\_\_

**19. DID AN OPERATION PRECEDE DEATH?** \_\_\_\_\_ DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? \_\_\_\_\_

**WHAT TEST CONFIRMED DIAGNOSIS**  
(Signed) J. J. Humbach, M. D.  
7/6/30 (Address) Nevada 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** Newton Cemetery DATE OF BURIAL July 9, 1930

**20. UNDERTAKER** Henry Funeral Home ADDRESS Nevada, 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.

AUG 26 1930

