OCT 28 1930

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

Do not use this space. C.K.

29108

1. PLACE OF DEATH
County Boone — Registration District No. 73 — File No.
Township — Primary Registration District No. 3006 — Registered No. 181
City Columbia (No. ..... St. ..... Ward)

2. FULL NAME Eliza Richardson
(a) Residence. No. 201 So 3 St. 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	colored	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Don't Know 1885 - Month

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
~~45~~ 45			

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

9. BIRTHPLACE (CITY OR TOWN) Adrain Co. Mo
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Harry Richardson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Do not Know
12. MAIDEN NAME OF MOTHER Do not Know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Do not Know

14. INFORMANT Mary Richardson
(Address) Columbia Mo

15. FILED 9-4, 1930 F. C. Suggett REGISTRAR by A. Selby

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 1 1930

17. I HEREBY CERTIFY, That I attended deceased from Aug 31st, 1930 to Sept 1, 1930 that I last saw her alive on Aug 31, 1930, and that death occurred, on the date stated above, at 4 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Aortic Insufficiency
92A
(duration) yrs. 3 mos. ds.

CONTRIBUTORY (SECONDARY) 90A
(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? Physical
(Signed) J. A. Taylor, M. D.
9-3-1930 (Address) 11 a. D. 8th

*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	DATE OF BURIAL
Calvary Cemetery	Sept 4 1930
20. UNDERTAKER	ADDRESS
A. C. Freeman	Columbia 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.