

NOV 26 1930

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

Do not use this space.

33874

1. PLACE OF DEATH

County Ray  
Township Richmond  
City Richmond (No. ....)

Registration District No. 744.  
Primary Registration District No. 3035

File No. ....  
Registered No. 92.  
St. .... Ward)

2. FULL NAME

(a) Residence. No. Mar Fannie Wether County Frank Ward. ....  
(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown Exact  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 69 2 13

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

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

10. NAME OF FATHER Frank Moyer  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Orange Co (STATE OR COUNTRY) Indiana  
12. MAIDEN NAME OF MOTHER Olive Bull  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Trembull (STATE OR COUNTRY) Ohio

14. INFORMANT Randolph Clark (Address) Richmond Mo.

15. FILED 11-6-30 REGISTRAR E. E. [Signature]

1 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 18 1930

17. I HEREBY CERTIFY, That I attended deceased from Aug 30 to Oct 18, 1930 that I last saw her alive on Oct 18, 1930 and that death occurred, on the date stated above, at 9:20 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Chronic  
92A Endocarditis.

(duration) 1 yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY)

(duration) — yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH .....

19. DID AN OPERATION PRECEDE DEATH? No DATE OF .....

20. WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical

(Signed) [Signature] M.D.

(Address) Richmond 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

DATE OF BURIAL

Hickory Grove

10-20 1930

20. UNDERTAKER

ADDRESS

Womansu

Richmond

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.

RECORD

