

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

Do not use this space.

2778

1. PLACE OF DEATH

County St. Louis
Township Central
City Webster Groves No. 925 Central Ave

Registration District No. 788
Primary Registration District No. 4471

File No. _____
Registered No. 11
St. _____ Ward _____

2. FULL NAME

Rachel Richards

(a) Residence. No. _____ St. _____ Ward. Webster Groves
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF David Richards

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 23 1847

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
83 9 11

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) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Ohio 2
(STATE OR COUNTRY)

10. NAME OF FATHER David Kinney

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

12. MAIDEN NAME OF MOTHER Rachel Kenney

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Don't know
(STATE OR COUNTRY)

14. INFORMANT Naomia E. Zahner
(Address) 925 Central Ave Webster Groves

15. FILED 1/5 1931 D. A. W. Westrup
G. Carlock REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 4 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 1 1931 to Jan 4 1931, and that I last saw her alive on Jan 3 1931, and that death occurred, on the date stated above, at 3 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Bronchitis
90 yrs
1931

CONTRIBUTORY Chronic Bronchitis
(SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Ill
IF NOT AT PLACE OF DEATH _____ (duration) yrs. mos. ds.

DID AN OPERATION PRECEDE DEATH? m DATE OF _____

WAS THERE AN AUTOPSY? m

WHAT TEST CONFIRMED DIAGNOSIS Clinical
(Signed) Dr. C. C. Cook M. D.

Jan 4 1931 (Address) 1819 No 9th St. St. Louis

*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 Oswego, Kansas DATE OF BURIAL Jan 5 1931

20. UNDERTAKER Louis H. Bopp ADDRESS Werkwood

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.

Dr Cook
946 New Port
91
100
FEB 29 1931

RECORD OF DEATHS IN THIS IS A PERMANENT RECORD

