

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

Do not use this space.

13379

1. PLACE OF DEATH  
 14 County Callaway Registration District No. 104  
 2 Township Sulton Primary Registration District No. 3008  
 7 City Sulton (No. 11) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Constance Richardson  
 (a) Residence No. State Hosp #1, Sulton, Mo Ward. Sotunay, Mo.  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred — yrs. 3 mos. 6 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

File No. \_\_\_\_\_  
 Registered No. 105

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 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 Unknown

6. DATE OF BIRTH (MONTH, DAY AND YEAR) \_\_\_\_\_

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
80? \_\_\_\_\_

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Laborer 237  
 (b) General nature of industry, business, or establishment in which employed (or employer) Unknown  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 31

PARENTS

10. NAME OF FATHER No Information

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

12. MAIDEN NAME OF MOTHER No Information

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

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 24th 1931

17. I HEREBY CERTIFY, That I attended deceased from 28th, 1931, to April 24th, 1931 that I last saw h. alive on April 24th, 1931, and that death occurred, on the date stated above, at 10:45 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Atherosclerosis  
97  
110 ✓ (duration) yrs. mos. ds.  
 CONTRIBUTORY (SECONDARY) Seriality  
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH No

DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Clinical  
 (Signed) C. C. Ault, M. D.  
Apr. 25, 1931 (Address) Sulton, 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  
Ashville Cemetery 4/27 1931  
Ashville Mo.

20. UNDERTAKER ADDRESS  
Hedrick's Ashville Mo

14. INFORMANT Records of State Hosp #1  
 (Address) Sulton Mo

15. Apr. 27 1931 D. N. Crews  
 REGISTRAR

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.

APR 28 1931

