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.

MAY 27 1931

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

Do not use this space.

14796

3

1. PLACE OF DEATH
County Lewis — Registration District No. 481
Township — Primary Registration District No. 4290
City ~~Labette~~ Lewistown (No. ..... St. ..... Ward)

File No. .....
Registered No. 1

2. FULL NAME Mary Fannie (Mullins) Richardson

(a) Residence, No. ..... St., ..... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 50 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: Ed. J. Richardson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 5 1859

7. AGE: YEARS 81 — MONTHS 11 — DAYS 1 — If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lived with daughter
10. Date deceased last worked at this occupation (month and year) Apr. 1931
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Demoiselle Kentucky

FATHER
13. NAME: Gabriel Mullins
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): U.S.A.

MOTHER
15. MAIDEN NAME: Mary Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): U.S.A.

17. INFORMANT (ADDRESS): Mollie R. Glaves, Lewistown, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lewistown Mo DATE Apr. 8 1931

19. UNDERTAKER (ADDRESS): James A. Coder, Lewistown Mo

20. FILED Apr. 7 1931 J. C. Brown Registrar.

## 3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 6 1931

22. I HEREBY CERTIFY, That I attended deceased from April 1 1931, to April 6 1931
I last saw her alive on April 6 1931
to have occurred on the date stated above, at 7:25 P m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Gastric Hemorrhage | 4/1/31 |
| 110 C | |
| 53 C | |
| 118 C | |

Other contributory causes of importance:
Abdominal Tumor (Probably Sarcoma) — Dec. 1930

Name of operation none Date of .....
What test confirmed diagnosis? Nonitus Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....
(Signed) J. C. Brown, M. D.
(Address) Lewistown Mo.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

N. B.—Every item of information should be carefully sup... CAUSE OF DEATH in plain terms, so that it may be pr... ...GE should be stated EXACTLY. PHYSICIANS shou... ...assified. Exact statement of OCCUPATION is very important.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

WRITE PLAINLY, WITH UNFA... THIS IS A PERMANENT RECORD

**1. PLACE OF DEATH**

County: Lewis  Registration District No. 481  File No. 3

Township:  Primary Registration District No. 4290  Registered No. 1

City: Lewistown (No. ..., ... St. ... Ward)

**2. FULL NAME** Mary Fannie M. Richardson

(a) Residence. No. ... 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: F

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Wid

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

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

7. AGE: YEARS | MONTHS | DAYS | If LESS than 1 day, ... hrs. or ... min.

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

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

PARENTS
10. NAME OF FATHER
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY)

14. INFORMANT
(Address)

15. FILED 6/10, 1931 J. C. Brown
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 6 1931

17. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19..., that I last saw h... alive on ..., 19..., and that death occurred, on the date stated above, at ... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Septic hemorrhage
(duration) ... yrs. ... mos. ... ds.
CONTRIBUTORY (SECONDARY) Abdominal tumor* Probably sarcoma of the mesentery and meso-colic glands
(duration) ... yrs. ... mos. ... ds.

18. WHERE WAS DISEASE CONTRACTED? ...
IF NOT AT PLACE OF DEATH ...
DID AN OPERATION PRECEDE DEATH? ... DATE OF ...
WAS THERE AN AUTOPSY? ...
WHAT TEST CONFIRMED DIAGNOSIS? ...
(Signed) J. C. Brown, M. D.
6/6, 1931 (Address)

*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 19

20. UNDERTAKER | ADDRESS

SUPPLEMENTARY

S-14796