

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

Do not use this space.

38255

1. PLACE OF DEATH
 County Macou Registration District No. 527
 Township Bever Primary Registration District No. 527
 City Bever (No. 4313) St. _____ Ward _____

2. FULL NAME Jessie Richards
 (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 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) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF J. F. Richards
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 14, 1874
 7. AGE YEARS 57 MONTHS 10 DAYS 2 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House keeper
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Wales
 FATHER 13. NAME E. A. Davies
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wales
 MOTHER 15. MAIDEN NAME _____
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wales
 17. INFORMANT J. F. Richards (ADDRESS) Bever, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Bever DATE Nov 19, 1931
 19. UNDERTAKER Allert Skinner (ADDRESS) Macou Mo.
 20. FILED 11-17, 1931 Dave Edwards Registrar.

MEDICAL CERTIFICATE OF DEATH

3
 21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 16, 1931
 22. I HEREBY CERTIFY That I attended deceased from Oct 20, 1931, to Nov 16, 1931
 I last saw him/her alive on Nov 15, 1931 Death is said to have occurred on the date stated above, at 4 P. m.
 The principal cause of death and related causes of importance were as follows:
Cerebral Thrombosis Date of onset Nov 16, 1931
820
97
1020
 Other contributory causes of importance: Arteriosclerosis with hypertension 5 yrs
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? No
 23. (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) M. J. Honoway, M. D.
 (Address) Macou Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

V. S. No. 2.

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.

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