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

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.

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

Do not use this space.

12791

1. PLACE OF DEATH

County Jackson — Registration District No. 399

Township Kaw — Primary Registration District No. 1002

City Kansas City (No. 2631 Montgall St. Ward)

File No. 1733

Registered No.

2. FULL NAME Mrs. Lyda E. Richards

(a) Residence, No. 2631 Montgall St., 11 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mr. John N. Richards

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 29 - 1867

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	64	4	26	

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. 235

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) No record Indiana. 2

FATHER

13. NAME Peter Gross

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record No record 31

MOTHER

15. MAIDEN NAME Lyda Williams

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record No record

17. INFORMANT (ADDRESS) Mr. John N. Richards 2631 Montgall, K.C.Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE Apr. 28- 1932

19. UNDERTAKER (ADDRESS) Gates Funeral Home, Kansas City- Kansas.

20. FILED 4/26, 1932 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 24th- , 1932.

22. I HEREBY CERTIFY, That I attended deceased from July 19, 1930, to Apr 24, 1932

I last saw her alive on Apr 24, 1932 Death is said to have occurred on the date stated above, at 5:15 p.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhages — Date of onset 4/19/30

Other contributory causes of importance: Arterial Hypertension

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

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? .....

If so, specify no

(Signed) W. A. Ammon, M. D.

(Address) 843 Argyle Bl

Dr. W. A. Armour. VI 1293
Argyle Building.

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