

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

Do not use this space.

16324

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
Township Kaw Primary Registration District No. 100  
City Kansas City (No. 1164 East 66th Street) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 1 2117  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Lillian W. Richards

(a) Residence, No. 1164 East 66th St. 15 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) Widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Orren Scott Richards

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 6, 1869

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	73	4	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At. Home  
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) Ohio

13. NAME Michael Wyant

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maryland

15. MAIDEN NAME Mary Shaw

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) Morine Morgan 918 68th St. Terrace

18. BURIAL, CREMATION, OR REMOVAL PLACE Mosent Washington DATE May 26, 1932

19. UNDERTAKER (ADDRESS) Shine & McClure 3235 Millham Plaza

20. FILED May 26, 1932 M. M. Grodne Registrar

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 25, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 23 1932 to May 25 1932  
I last saw h. ex. alive on May 25 1932. Death is said to have occurred on the date stated above, at P. 6:30

The principal cause of death and related causes of importance were as follows:  
Chronic Cholecystitis & Cholelithiasis Date of onset 930  
12, 27, 35 BC 1  
Other contributory causes of importance: Chronic myocardial degeneration

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? phys. findings 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) William M. Keith M. D.  
(Address) 928 Rayle Bldg

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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