

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

Do not use this space.

17176

1. PLACE OF DEATH

County Ray Registration District No. 244
Township Richmond Primary Registration District No. 59765
City Ray (No.) St. Ward)

File No. 45
Registered No.

2. FULL NAME

(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 OF RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OR (OR) WIFE OF Richard B. Hawkins
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 30th 1860
7. AGE YEARS 71 MONTHS 9 DAYS 10 If LESS than 1 day,hrs. ormin.

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.
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) Ray Co. Mo.
13. NAME John Bradenstott
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia
15. MAIDEN NAME Melissie Hearn
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky
17. INFORMANT (ADDRESS) Mrs. John Watson
18. BURIAL, CREMATION, OR REMOVAL PLACE City Cem. DATE 6-1-32
19. UNDERTAKER (ADDRESS) Walt Mansur
20. FILED 7-9-32 G. E. Ray Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 30 1932
22. I HEREBY CERTIFY, That I attended deceased from April 6th 1932, 1932, to May 30th 1932 1932.
I first saw her alive on May 30th 1932 1932. Death is said to have occurred on the date stated above, at 9:30 A. M.
The principal cause of death and related causes of importance were as follows:
Chronic Brights Disease
Date of onset
Other contributory causes of importance:
Defused Dropsy
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
(Signed) Ray B. Whith M. D.
(Address) Richmond Mo.

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.

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

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