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

Do not use this space.

23356

File No.

Registered No.

1. PLACE OF DEATH

61 County Macon — Registration District No. 527

Township Bevier — Primary Registration District No. 5703

City (No. , St. Ward)

2. FULL NAME Mary 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 Female

4. COLOR OR RACE white

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 14 - 1860

7. AGE YEARS 72 MONTHS 6 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. Domestic

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) Ill 2

FATHER

13. NAME Geo Yocum

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

MOTHER

15. MAIDEN NAME Elizabeth Reffett

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

17. INFORMANT (ADDRESS) Clara Yocum Bevier Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE East Oak wood DATE July 19 1921

19. UNDERTAKER (ADDRESS) Henry J Edwards Bevier Mo

20. FILED July 19, 1932 Dave J Edwards Registrar.

MEDICAL CERTIFICATE OF DEATH

1

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 16, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1931 to July 16, 1932

I last saw her alive on July 11, 1932 Death is said to have occurred on the date stated above, at 11:6 m.

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

Chron. Nephritis

131 131

Date of onset

Other contributory causes of importance:

9 D

Name of operation Date of

What test confirmed diagnosis? Phys. Exam 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) W. Welch, M. D.

(Address) Callao 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.

WHITE PLACE, WITH UNFADING INK—THIS IS A PERMANENT RECORD

AUG 25 1932