

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

Do not use this space.

23813

1. PLACE OF DEATH

89 County DRY
Township RICHMOND
City RAYVILLE, MO. R.F.D. No. 1

Registration District No. 744
Primary Registration District No. 3035

File No. 52
Registered No. 52
St. _____ Ward _____

2. FULL NAME MARTHA JANE RICHARDSON

(a) Residence, No. _____ St., _____ Ward _____
(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. (If nonresident, give city or town and State)

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 OF (OR) WIFE OF DANIEL C. RICHARDSON

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) FEB. 15 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
74 4 19

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) Tenn. 2

13. NAME Alvin COOPER

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

15. MAIDEN NAME DO NOT KNOW.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 31

17. INFORMANT M.R. RICHARDSON (ADDRESS) RAYVILLE MO. R.F.D.

18. BURIAL, CREMATION, OR REMOVAL PLACE Crawley Co. DATE 7/6/32 19

19. UNDERTAKER C. M. Joiner (ADDRESS) Rayville Mo.

20. FILED 7-9 32 E. E. Day Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/4/32 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar 1 1932 to July 4 1932
I last saw her alive on July 4 1932 Death is said to have occurred on the date stated above, at 2:40 P.M.
The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage
HTA J.P.A.
10/2/31
Other contributory causes of importance: Arteriosclerosis hypertensum
Date of onset _____

Name of operation _____ Date of _____
What test confirmed diagnosis? P.E. Was there an autopsy? 21

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) H. M. Griffith M. D.
(Address) Rayville Mo.

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.

JUN 27 1932

