

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

Do not use this space.

1806

**1. PLACE OF DEATH**

County Jackson  
Township W. P. No.  
City W. P. No. (No. 13 27 Monroe)

Registration District No. 389  
Primary Registration District No. 1007

File No. 538  
Registered No. 538  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 13 24 Monroe 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 <u>Fe</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>David Richardson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb, 26, 1855</u>		
7. AGE	YEARS <u>77</u>	MONTHS <u>10</u>
	DAYS <u>5</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House</u>	
	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.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan, 31 - 1933

22. I HEREBY CERTIFY That I attended deceased from March 25, 1932 to Jan 31, 1933

I last saw her alive on Jan 31, 1933 Death is said to have occurred on the date stated above, at 2:25 PM

The principal cause of death and related causes of importance were as follows:  
Acute dilatation of heart Date of onset \_\_\_\_\_

Other contributory causes of importance:  
Valvular disease of heart (Endocarditis) about 24 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canada

13. NAME Joseph Cramer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

15. MAIDEN NAME No Record

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

17. INFORMANT J. D. Richardson (ADDRESS) 1324 Monroe

18. BURIAL, CREMATION, OR REMOVAL PLACE W. Wash DATE 27 27 33

19. UNDERTAKER Mrs. C. L. Foster (ADDRESS) 418 Franklin Ave

20. FILED 1 1933 M. M. Groves Registrar.

Name of operation None Date of \_\_\_\_\_

What test confirmed diagnosis? Clinical 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) M. C. Annally, Registrar M. D.  
(Address) 6520 Indef. Ave.

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.

W.C. Henderson v  
6520 Independence St  
Re: 0756.

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