

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.

DEC 19 1934

J. Pearson

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

Do not use this space.

1. PLACE OF DEATH

County *Peke* Registration District No. *689*
Township *Louisiana* Primary Registration District No. *30313*
City *Louisiana* (No. *1223*, Iowa) St. _____ Ward _____

File No. *40350*

2. FULL NAME

(a) Residence, No. *1223 Iowa* 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 <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>widowed</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Eugenia Bolomey</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>3/2-43</i>		
7. AGE	YEARS <i>91</i>	MONTHS <i>8</i>
	DAYS <i>20</i>	IF LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Retired</i>	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>Farmer</i>	
	10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Hopedale Ohio</i>		
FATHER	13. NAME <i>Henry Richards</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
MOTHER	15. MAIDEN NAME <i>(?)</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>(?)</i>	
17. INFORMANT <i>Pearl Richards</i> (ADDRESS) <i>Louisiana Mo</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Jarvis</i> DATE <i>11/23 34</i>		
19. UNDERTAKER <i>J. Pearson</i> (ADDRESS) <i>Louisiana Mo</i>		
20. FILED <i>11/22 34 J. Pearson</i> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *11-22 34*

22. I HEREBY CERTIFY, That I attended deceased from *several years*, 19... to *11-22*, 19...
I last saw him alive on *11-21-*, 19... Death is said

to have occurred on the date stated above, at *St. Louis*.
The principal cause of death and related causes of importance were as follows:

Coronary Embolism
Senile Debility *several yrs*
948
Date of onset *11/21-34*

Other contributory causes of importance:
Senile Debility *several yrs*

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 *J. Pearson*, M. D.
(Signed) _____
(Address) *Louisiana Mo*

Mesbythian
Friday

7/15/50