

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.

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

Do not use this space.

APR 26 1935

7817

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1. PLACE OF DEATH

County Janey Registration District No. 859  
Township Bronson Primary Registration District No. 6128  
City Bronson (No. ....) St. .... Ward)

File No. ....  
Registered No. ....

2. FULL NAME

Alice May Richardt.  
(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

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 6<sup>th</sup> 1935

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

22. I HEREBY CERTIFY, That I attended deceased from Feb 1<sup>st</sup>, 1935, to Feb 6, 1935

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 21, 1858

I last saw her alive on Feb 5<sup>th</sup>, 1935. Death is said to have occurred on the date stated above, at 7:00 p.m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
76 1 15

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

8. Trade, profession, or particular kind of work done, as spliner, sawyer, bookkeeper, etc. Heeb.

apoplexy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date of onset 2/1/35

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

Other contributory causes of importance: Senility

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

8201

13. NAME Geo. W. Culler.

Name of operation none Date of ...

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

What test confirmed diagnosis? none Was there an autopsy? Yes

15. MAIDEN NAME Catherine Holt.

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 19...

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

Where did injury occur? (Specify city or town, county, and State)

17. INFORMANT Mrs Geo Richardt. (ADDRESS) Bronson

Specify whether injury occurred in industry, in home, or in public place.

18. ~~PLACE~~ CREMATION, OR REMOVAL PLACE NC mo DATE 79 35

Manner of injury

19. UNDERTAKER Rowhelchel (ADDRESS) Bronson mo

Nature of injury

20. FILED 79 1935 John H. Baxter Registrar.

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Harry T. Evans, M. D.

(Address) Hollister, Mo.

