

JUN 26 1935

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

Do not use this space.

17302

1. PLACE OF DEATH

County Madaway Registration District No. 628  
Township Green Primary Registration District No. 628 & 0  
City Near Linton (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 7  
Registered No. 628

2. FULL NAME

Lillian N. Richey  
(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 3 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>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>W. E. Richey</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>7-21-1878</u>		
7. AGE	YEARS <u>56</u>	MONTHS <u>10</u>
	DAYS <u>10</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>Housewife</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
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Carrington Penn.</u>		
FATHER	13. NAME <u>Orin L. Royer</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Penn.</u>	
MOTHER	15. MAIDEN NAME <u>Belle Ritter</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Penn.</u>	
17. INFORMANT (ADDRESS) <u>W. E. Richey Linton MO</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Marionville MO</u> DATE <u>6-1</u> 19 <u>35</u>		
19. UNDERTAKER (ADDRESS) <u>Campbell Funeral Home Marionville MO</u>		
20. FILED <u>5/31</u> 19 <u>35</u> <u>J. Jones</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-31 1935  
22. I HEREBY CERTIFY, That I attended deceased from Feb 13 1935 to 5/31 1935  
I last saw him alive on 5/29 1935 Death is said to have occurred on the date stated above, at 4:45 a.m.  
The principal cause of death and related causes of importance were as follows:

Apoplexy (Cerebral hemorrhage) 5/29/35  
Hypertension  
Chronic Myocarditis  
Chronic Nephritis  
Other contributory causes of importance:  
Diabetes Mellitus

Name of operation \_\_\_\_\_ of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ 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) B. J. Byland M. D.  
(Address) Burlington Jet 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.

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