

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

Do not use this space.

**JUL 24 1936**

23540

**1. PLACE OF DEATH**

County Marion Registration District No. 547  
 Township Marion Primary Registration District No. 2079  
 City Hannibal Mo (No. 417) (Bird) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 171

**2. FULL NAME**

Nettie May Richards  
 (a) Residence, No. 417 Bird St., \_\_\_\_\_ Ward. \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 57 yrs. 1 mos. 2 ds. How long in U. S., if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 13 1936

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

22. I HEREBY CERTIFY That I attended deceased from Aug 5 1935 to June 3 1936

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May - 11 - 1877

I last saw her alive on June 3 1936 Death is said to have occurred on the date stated above, at 2:10 P.M.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
59 1 2

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

Streptococcus viridans  
Septicemia

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

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

Other contributory causes of importance  
Endocarditis

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hannibal Missouri

13. NAME Elisha D Camery

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

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Lab Was there an autopsy? No

15. MAIDEN NAME Margaret Southland

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.

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

17. INFORMANT (ADDRESS) Joseph M. Richards  
Hannibal Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Riverside DATE June 15 36

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

19. UNDERTAKER (ADDRESS) Wm M Smith  
Hannibal Missouri

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify \_\_\_\_\_

(Signed) A. H. Francis, M. D.

(Address) Hannibal Mo

20. FILED June 15 1936 H. C. Fisher  
Regist.

STATE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1. The first part of the document is a list of names.

2. The second part is a list of dates.

3. The third part is a list of times.

4. The fourth part is a list of locations.

5. The fifth part is a list of activities.

6. The sixth part is a list of observations.

7. The seventh part is a list of conclusions.

8. The eighth part is a list of recommendations.

9. The ninth part is a list of references.

10. The tenth part is a list of appendices.

11. The eleventh part is a list of footnotes.

12. The twelfth part is a list of glossary terms.

13. The thirteenth part is a list of abbreviations.

14. The fourteenth part is a list of acronyms.

15. The fifteenth part is a list of symbols.

16. The sixteenth part is a list of units.

17. The seventeenth part is a list of formulas.

18. The eighteenth part is a list of diagrams.

19. The nineteenth part is a list of tables.

20. The twentieth part is a list of figures.

21. The twenty-first part is a list of charts.

22. The twenty-second part is a list of graphs.

23. The twenty-third part is a list of maps.

24. The twenty-fourth part is a list of photos.

25. The twenty-fifth part is a list of videos.

26. The twenty-sixth part is a list of audio files.

27. The twenty-seventh part is a list of documents.

28. The twenty-eighth part is a list of reports.

29. The twenty-ninth part is a list of articles.

30. The thirtieth part is a list of books.

31. The thirty-first part is a list of journals.

32. The thirty-second part is a list of magazines.

33. The thirty-third part is a list of newspapers.

34. The thirty-fourth part is a list of websites.

35. The thirty-fifth part is a list of databases.

36. The thirty-sixth part is a list of archives.

37. The thirty-seventh part is a list of libraries.

38. The thirty-eighth part is a list of museums.

39. The thirty-ninth part is a list of galleries.

40. The fortieth part is a list of theaters.

41. The forty-first part is a list of concert halls.

42. The forty-second part is a list of sports stadiums.

43. The forty-third part is a list of arenas.

44. The forty-fourth part is a list of arenas.

45. The forty-fifth part is a list of arenas.

46. The forty-sixth part is a list of arenas.

47. The forty-seventh part is a list of arenas.

48. The forty-eighth part is a list of arenas.

49. The forty-ninth part is a list of arenas.

50. The fiftieth part is a list of arenas.

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

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**1. PLACE OF DEATH**

County Marion

Registration District No. 547

File No. \_\_\_\_\_

Township \_\_\_\_\_

Primary Registration District No. 3029

Registered No. 171

City Hannibal (No. \_\_\_\_\_)

St. \_\_\_\_\_

Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. \_\_\_\_\_ 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) m

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

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

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>59</u>	<u>1</u>	<u>2</u>	

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

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE \_\_\_\_\_ DATE \_\_\_\_\_ 19 \_\_\_\_\_

19. UNDERTAKER (ADDRESS)

20. FILED Aug-11, 1936 Edm. Suehle Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 13, 1936

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said

to have occurred on the date stated above, at \_\_\_\_\_ m.

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

Date of onset \_\_\_\_\_

Other contributory causes of importance:

Endocarditis  
Atherosclerosis

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 \_\_\_\_\_

(Signed) W. J. Francko, M. D.

(Address) Hannibal Mo

S-354D