

JUL 26 1937

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

Do not use this space.

1. PLACE OF DEATH

County BUCHANAN
Township WASHINGTON
City ST. JOSEPH, (No.)

Registration District No. 35
Primary Registration District No. 9
2720 GENE FIELD ROAD

File No. 23184
Registered No. 669
St. Ward

2. FULL NAME ELIZABETH MARGARET RICHARDSON

(a) Residence, No. 1806 CLAY STREET, St. Ward
(Usual place of abode)

Length of residence in city or town where death occurred 57 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 FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) SEPT, 19, 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 8 19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSEWIFE
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. HOME
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) UNKNOWN
(STATE OR COUNTRY) GERMANY

13. NAME JACOB FRY,

14. BIRTHPLACE (CITY OR TOWN) UNKNOWN, GERMANY
(STATE OR COUNTRY)

15. MAIDEN NAME UNKNOWN

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

17. INFORMANT A. A. RICHARDSON
(ADDRESS) 1806 CLAY ST. ST. JOSEPH, MO.

18. BURIAL, CREMATION, OR REMOVAL PLACE ASHLAND CEM. DATE JUNE 10, 1937

19. UNDERTAKER FLEEMAN & SON INC.
(ADDRESS) 1946 COLHOUN ST. ST. JOSEPH, MO.

20. FILED 6/10 37 A. J. Nettles
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JUNE 8, 1937, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 29, 1937, to June 8, 1937.
I last saw her alive on June 8, 1937. Death is said to have occurred on the date stated above, at 8:45 P.

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

Cerebral Hemorrhage May 29/37
Paralysis extensor
arterio-sclerotic
Hypertension
Date of onset

Other contributory causes of importance:
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) Frank H. Hardy, M. D.

(Address)

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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