

AUG 25 1937

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

Do not use this space.

1. PLACE OF DEATH

County *Lewis*Registration District No. *479*Township *Rockhill*Primary Registration District No. *56438*File No. *27663*

City

(No. _____)

St. _____

Ward _____

2. FULL NAME *Lana Stauffer Richmond*

(a) Residence, No. _____

St. _____

Ward _____

(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 *Female*4. COLOR OR RACE *White*5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *widow*5A. IF MARRIED, WIDOWED, OR DIVORCED—HUSBAND OF (OR) WIFE OF *John S. Richmond*6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Jan. 12 1856*

7. AGE

YEARS *81*MONTHS *6*DAYS *14*

If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

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

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) *Delphi Ind.*13. NAME *James King*14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ind.*15. MAIDEN NAME *Elizabeth Graham*16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ohio*17. INFORMANT *Mrs. Frank Russell*
(ADDRESS) *Delphi, Ind.*

18. BURIAL, CREMATION, OR REMOVAL

PLACE *Taballe Cem.* DATE *July 28 1937*19. UNDERTAKER *James T. Cohen & Son*
(ADDRESS) *Delphi, Ind.*20. FILED *727* *37* *J. A. Brown*
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 26 1937*22. I HEREBY CERTIFY That I attended deceased from *Mar 6th* 1937, to *July 26th* 1937I last saw him alive on *July 26* 1937. Death is saidto have occurred on the date stated above, at *7 A.M.*

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

Abdominal tumor
Probably malignant
Stomach primarily

Date of onset *March 1936*Other contributory causes of importance: *Ho*Name of operation *Neph.* Date of _____What test confirmed diagnosis? *Physical* 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) *A. H. Russell*(Address) *Delphi Mo*

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.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH

27663
Do not use this space.

1. PLACE OF DEATH

(a) County Lewis Registration District No. 479
 (b) Township Reddish Primary Registration District No. 5647A Registered No.
 (c) City..... (d) Street No.....
 (e) Length of residence in city or town where death occurred 11 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Laura Staffen Richmond St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid

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.
81 6 14

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

9. Industry or business in which work was done, as 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. FUNERAL DIRECTOR (ADDRESS)

20. FILED 7/27 19 J L Brown Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 26 1937

22. I HEREBY CERTIFY, that I attended deceased from 19 to 19

I last saw h..... 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:

abdominal tumor
probably malignant

Date of onset

Stomach
Primarily

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) A. H. Lillard, M. D.

(Address) Labelle mo

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
 N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S SIGNATURE should be in plain 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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