DEC 27 1937

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

Do not use this space.

1. PLACE OF DEATH
County: Ray
Township:
City: Richmond (No. ..... St. ..... Ward)

Registration District No. 744
Primary Registration District No. 3085

File No. 42279
Registered No. 92

2. FULL NAME: Mrs Mollie Elizabeth Barth

(a) Residence, No. ..... St., ... Ward.
(Usual place of abode) Richmond Mo
(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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 9, 1870

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
67	7	8	

OCCUPATION

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.: Retired
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): Quincy Illinois

FATHER
13. NAME: Conrad W. Rich
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Louisiana

MOTHER
15. MAIDEN NAME: Sophia Thalle
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Louisiana

17. INFORMANT (ADDRESS): Miss Emma Barth, Richmond Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE: City Cemetery DATE: November 18, 1937

19. UNDERTAKER (ADDRESS): A. W. Manner, Richmond Missouri

20. FILED: 12/20, 1937 Mary B. McDonald, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): November 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 15, 1937, to Nov 17, 1937

I last saw ~~him~~ alive on Nov 15, 1937. Death is said to have occurred on the date stated above, at 12 A. m.

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

Coronary thrombosis

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? No
If so, specify .....

(Signed) C. D. Greene, M. D.
(Address) Richmond 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.