

JAN 24 1938

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

Do not use this space.

1. PLACE OF DEATH

County R. & V.  
Township Richmond  
City Richmond (No. ....)

Registration District No. 744  
Primary Registration District No. 3035

File No. 46475  
Registered No. 96  
St. .... Ward)

2. FULL NAME Cora Emily Due

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

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe 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 George Due

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 8, 1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
57 3 9

OCCUPATION 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.  
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) Mo.

FATHER 13. NAME Charles Holloway

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

MOTHER 15. MAIDEN NAME Rebecca Crispin

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

17. INFORMANT George Due  
(ADDRESS) Richmond, Missouri

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Richmond DATE 12/29/37

19. UNDERTAKER Brothers-Joiner  
(ADDRESS) Richmond, Missouri

20. FILED 1/10, 1938 Manfred McDonald  
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY That I attended deceased from Dec 19 35 to Dec 21 1937  
I last saw him alive on Dec 20 1937 Death is said to have occurred on the date stated above, at 3:00 AM  
The principal cause of death and related causes of importance were as follows:  
Pulmonary Tuberculosis  
Date of onset 22

Other contributory causes of importance:  
Name of operation None Date of 7/0  
What test confirmed diagnosis? None Was there an autopsy? 7/0

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? 7/0  
If so, specify \_\_\_\_\_

(Signed) G. E. Gray, 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.

