REC'D APR 8 1938

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

Do not use this space.

11910

1. PLACE OF DEATH
County Ripley
Township Doniphan
City (No. , St. Ward)
Registration District No. 750 5985
Primary Registration District No. 4451
File No. 15
Registered No. 1521

2. FULL NAME Synthia Lavina Richmond 2 5
(a) Residence, No. Johnson Township 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 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 Ezekiel T. Richmond
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JUNE-9-1870
7. AGE YEARS 67 MONTHS 9 DAYS x x If LESS than 1 day, hrs. or min.

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) Carter Co, Missouri 0

FATHER
13. NAME John Rocark 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee 1

MOTHER
15. MAIDEN NAME Lowe
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

17. INFORMANT (ADDRESS) E. G. Richmond Grandin, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Stevens Cem, DATE 3-11-38, 19
19. UNDERTAKER (ADDRESS) Jordan, Doniphan
20. FILED 3-11-, 1938 E. B. Johnston Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-9-38, 19
22. I HEREBY CERTIFY, That I attended deceased from 3/9, 1938, to 3/9 38, 19
I last saw her alive on 4 P.M., 19 Death is said to have occurred on the date stated above, at 5 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Auricular Fibrillation	unknown

Other contributory causes of importance: 95 lb.

Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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) Clifford Goforth, M. D.
674 (Address) Doniphan 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.