DEC'D SEP 28 1938

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

Do not use this space.

1. PLACE OF DEATH
County Ste Gen. Registration District No. 780 File No. 29930
Township Ste Gen. Primary Registration District No. 4466 Registered No. 41
City Ste Genevieve (No. ..... St. ..... Ward)

2. FULL NAME Felicity Emelie Richer 260
(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Joseph Richer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 12th 1864

7. AGE: YEARS 74 MONTHS 0 DAYS 16 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
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) Aug 1938
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ste Genevieve Missouri 0

FATHER
13. NAME: Cyprian Morise 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ste Genevieve Missouri 0

MOTHER
15. MAIDEN NAME: Ora Ta Brayeae
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ste Genevieve Missouri

17. INFORMANT (ADDRESS): Mrs Wm Drury Ste Genevieve Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ste Genevieve DATE Aug 31st 1938

19. UNDERTAKER (ADDRESS): Warren J Stanton Ste Genevieve Mo

20. FILED Aug 30 1938 T.W. Douglas Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug. 26, 1938, to Aug 28, 1938
I last saw her alive on Aug 28, 1938. Death is said to have occurred on the date stated above, at 1 45 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac dilatation	✓
93	
Other contributory causes of importance:	
Chronic Myocarditis	2 yrs

Name of operation None Date of ✓
What test confirmed diagnosis? Signs & Symptoms 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? NW
If so, specify
(Signed) C J Clapswell, M. D.
(Address) Ste Genevieve Mo

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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.