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

40610
Do not use this space.

1. PLACE OF DEATH DEC 21 1938
(a) County Washington Registration District No. 887
(b) Township Boston Primary Registration District No. 6179 Registered No.
(c) City (d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 263 Jennie Richards
(a) Residence, No. 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: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov 17 1881
7. AGE: 56 YEARS, MONTHS: 11, DAYS: 10 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
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. House Keeper
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): Potosi Mo

FATHER
13. NAME: James Richards
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Potosi Mo

MOTHER
15. MAIDEN NAME: Dora Poliette
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Aldmines Mo

17. INFORMANT (ADDRESS): Ida Ayers Potosi
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Potosi DATE: Nov 7 1938
19. FUNERAL DIRECTOR (ADDRESS): Sparks Potosi
20. FILED: Dec 1 1938 G. F. Cresswell Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov 6, 1938
22. I HEREBY CERTIFY, That I attended deceased from March 1, 1938, to Nov 6, 1938
I last saw her alive on Nov 6, 1938. Death is said to have occurred on the date stated above, at 9 A m.
The principal cause of death and related causes of importance were as follows:
Bronchio Pneumonia following Septicemia as consequence of Diabetes and Pyelitis 59
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?
If so, specify
(Signed) G. F. Cresswell, M. D.
(Address) Potosi Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
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.
I X12004

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)