

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

Do not use this space.

SEP 26 1935

1. PLACE OF DEATH

County St. Francois Registration District No. 775 File No. 27434
 Township Boonville Primary Registration District No. 6020A Registered No. 49
 City Boonville, Mo. No. _____ St. _____ Ward _____

2. FULL NAME

Gaura May Richardson
 (a) Residence, No. _____ 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 James Lawrence Richardson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 25, 1887

7. AGE YEARS 48 MONTHS 0 DAYS 9 IF LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as splinner, 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) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Francois Co Missouri

13. NAME Thomas V. Pigg

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Francois Co Missouri

15. MAIDEN NAME Susan Jubilla Tucker

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hazel Run Missouri

17. INFORMANT (ADDRESS) James Lawrence Richardson
Boonville, Mo. R-1

18. BURIAL, CREMATION, OR REMOVAL PLACE Marvin Chapel DATE Aug. 6 1935

19. UNDERTAKER (ADDRESS) Benham, Thd. Co
Boonville, Mo.

20. FILED Aug 6 1935 N. W. Hawkins Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 4 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 4 1935 to Aug 4 1935

I last saw h. alive on Aug 4 1935 Death is said to have occurred on the date stated above, at 9:15 m.

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

Cardio-vascular disease
Patient died about 15 minutes
after I just saw her. She
had pulmonary edema &
other symptoms of heart failure.

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? Micro Was there an autopsy? no

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 N. W. Hawkins (Signed) _____, M. D.

(Address) Boonville, 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.

