

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.

APR 25 1934

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

Do not use this space.

1. PLACE OF DEATH

County Way  
Township Richmond  
City Richmond (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

Registration District No. 744  
Primary Registration District No. 3035

File No. 10125  
Registered No. 37

2. FULL NAME

(a) Residence, No. Richmond, Missouri Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 48 yrs. 8 mos. 26 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joseph Campbell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 14, 1885

7. AGE YEARS 48 MONTHS 8 DAYS 26 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Richmond (STATE OR COUNTRY) Missouri

13. NAME William Hill

14. BIRTHPLACE (CITY OR TOWN) Millville (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Sarah Williams

16. BIRTHPLACE (CITY OR TOWN) Richmond (STATE OR COUNTRY) Missouri

17. INFORMANT Joseph Campbell (ADDRESS) Richmond, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Spring Hill DATE March 17 1934

19. UNDERTAKER W. L. Mansue (ADDRESS) Richmond, Missouri

20. FILED 4-9 1934 E. E. Gray Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-14 1934

22. I HEREBY CERTIFY, That I attended deceased from 8-24 1931 to 3-14 1934  
I last saw her alive on 3-14 1934 Death is said to have occurred on the date stated above, at 1-P.m.  
The principal cause of death and related causes of importance were as follows:

Principal cause of death: Lobar Pneumonia  
Other contributory causes of importance: Acute Dilatation

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Smear (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? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) E. E. Gray M. D.  
(Address) Richmond, Missouri

