

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

Do not use this space.

34799

1. PLACE OF DEATH

County Way Registration District No. 744
 Township Richmond Primary Registration District No. 3035
 City Richmond (No.) St. Ward)

File No.
 Registered No. 84

2. FULL NAME

Mrs Olivia Happy
 (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 (OR) WIFE OF John Happy

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 24-1861

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, hrs. or min.
<u>67</u>	<u>10</u>	<u>21</u>		

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work. House duties
 (b) General nature of industry, business, or establishment in which employed (or employer).
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Mo.
 (STATE OR COUNTRY)

10. NAME OF FATHER John Royell

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ken.
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Octavia Beatrice
 (STATE OR COUNTRY)

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ken.
 (STATE OR COUNTRY)

14. INFORMANT E. Happy
 (Address) Wanted City Mo.

15. FILE Oct 16, 1929 REGISTRAR E. E. Day

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 15 1929

17. I HEREBY CERTIFY, That I attended deceased from Oct 1st, 1929, to Oct 14, 1929, that I last saw her alive on Oct 14, 1929, and that death occurred, on the date stated above, at 12-30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage
82A (Apoplexy)
97 (duration) yrs. mos. ds.
 CONTRIBUTORY Hardening of arteries
 (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? 744
 IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF
 WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) A. E. Atkins, M. D.

16, 1929 (Address) Richmond Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Sunny Slope DATE OF BURIAL Oct 17 1929

20. UNDERTAKER E. J. Thurman ADDRESS Richmond

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. WRITE FULLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

