

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

Do not use this space.

11981

PLACE OF DEATH

County Ray

Registration District No. 744

File No.

Township

Primary Registration District No. 2095

Registered No. 20

City Richmond (No.)

St. Ward)

2. FULL NAME Cora McGough

(a) Residence. No. St. Ward. (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 Negro 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 16 - 1876

| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than I day, hrs. or min. |
|-----------|----------|----------|-----------|----------------------------------|
| <u>53</u> | <u>3</u> | <u>-</u> | <u>16</u> | |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House work
 (b) General nature of industry, business, or establishment in which employed (or employer)

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

10. NAME OF FATHER Not Known

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Not Known
 (STATE OR COUNTRY) Not Known

12. MAIDEN NAME OF MOTHER Not Known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Not Known
 (STATE OR COUNTRY) Not Known

14. INFORMANT Ella Smith
 (Address) Richmond 9110

15. FILED Feb 5, 1929 J. T. Mers Dpty
 REGISTER

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 4 - 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec 21 - 1928, to March 4 - 1929 that I last saw her alive on March 4, 1929, and that death occurred, on the date stated above, at 5 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Subacute Nephritis
130 (duration) 2 yrs. mos. ds.
 CONTRIBUTORY General Dropsy
 (SECONDARY) (duration) 3 yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? DATE OF

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) W. G. Bombe, M. D.
Feb 4, 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 DATE OF BURIAL

Spring slope Mar. 6, 1929
 ADDRESS

20. UNDERTAKER E. J. Harrison
Richmond
Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS AN 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 30 1929

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