

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

Do not use this space.

17550

1. PLACE OF DEATH

County Ray Registration District No. 744
 Township Richmond Township Primary Registration District No. 3035
 City Richmond Mo. (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 43

2. FULL NAME

Mrs. Elsie Mc Gough
 (a) Residence, No. Richmond No. St. _____ Ward _____
 (Usual place of abode)

Length of residence in city or town where death occurred 18 yrs. 0 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Leroy Mc Gough</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>December 16, 1888</u>				
7. AGE	YEARS <u>44</u>	MONTHS <u>5</u>	DAYS <u>17</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House Wife</u>			
	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) <u>May, 1933</u>			
11. Total time (years) spent in this occupation <u>27</u>				
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Rayville Missouri</u>				
FATHER	13. NAME <u>James Thompson</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>			
MOTHER	15. MAIDEN NAME <u>Don't know</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>			
17. INFORMANT (ADDRESS) <u>Richmond Missouri</u>				
18. BURIAL, CREMATION, OR REMOVAL				
PLACE <u>Old Cemetery</u> DATE <u>May 25, 1933</u>				
19. UNDERTAKER (ADDRESS) <u>A. W. Manure Richmond Missouri</u>				
20. FILED <u>6-8, 1933</u> <u>E. E. Lay</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 1928 to May 23, 1933
 I last saw her alive on May 20, 1933 Death is said to have occurred on the date stated above, at 3:00 p.m.
 The principal cause of death and related causes of importance were as follows:
Apoplexy
132A
88A
132
 Other contributory causes of importance:
Bright's

Name of operation _____ Date of _____
 What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no 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 _____
 (Signed) E. D. Greene M. D.
 (Address) Richmond 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.

JUN 29 1933

57550

31

