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

Do not use this space.

7698-a

1. PLACE OF DEATH

County Ray — Registration District No. 744 — File No.

Township Richmond — Primary Registration District No. 3035 — Registered No. 73

City Richmond (No. ..... St. ..... Ward)

2. FULL NAME Margret Francis Sullard

(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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 5, 1876

7. AGE: 53 YEARS — MONTHS: 2 — DAYS: — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): ——
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Not Known
(STATE OR COUNTRY) Not Known

PARENTS
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 Blanch Seek
(Address) Lake View

15. FILED 8-15-31, 19..... E. E. Gay, REGISTRAR
(This certificate was left on my desk & became lost in my files in way it is late.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 27, 1929

17. I HEREBY CERTIFY, That I attended deceased from 1-1, 1929, to ....., 19..... that I last saw her alive on 2-27, 1929, and that death occurred, on the date stated above, at 7-a m.

48 THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cancer of Uterus (duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 48 (duration) ..... yrs. ..... mos. ..... ds.

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

DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? ✓

(Signed) [signature], M. D

2/7, 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: Cauditz Farm — DATE OF BURIAL: 3-6-1929

20. UNDERTAKER: E. Thurman — ADDRESS: Richmond Mo

...of DEATH in plain terms, so ... statement of OCCUPATION is very important.
SEP 25 1931