

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 23 1931

Registration No. 5.  
Fayette.

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

Do not use this space.

9669

1. PLACE OF DEATH

45 County Howard Co.  
Township Monteau  
City..... (No.....)

Registration District No. 278  
Primary Registration District No. 55-31

File No.....  
Registered No. 23  
St..... Ward.....

2. FULL NAME

Mrs. Lou Richards

(a) Residence, No..... St..... Ward.....  
(Usual place of abode)  
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. (If nonresident, give city or town and State)

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 HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 9 - 1858  
7. AGE 73 YEARS MONTHS 2 DAYS 8 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. 235  
10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Howard Co. (STATE OR COUNTRY) Monteau Township

13. NAME Mrs. Lou Richards

14. BIRTHPLACE (CITY OR TOWN) Howard Co. (STATE OR COUNTRY)

15. MAIDEN NAME Mrs. Lou Richards

16. BIRTHPLACE (CITY OR TOWN) Don't know (STATE OR COUNTRY)

17. INFORMANT Marjorie Handy (ADDRESS) Columbia mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Sub Chapel DATE 3/29 1931

19. UNDERTAKER W. H. Clark (ADDRESS) Columbia

20. FILED Apr 10 1931 J. C. Dickman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 27 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 27 1930, to March 19 1931. I last saw her alive on Feb 25 1931. Death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Ovary Stomach  
49 47  
Other contributory causes of importance: None

Date of onset 1930

23. Name of operation Exploratory inc Date of Jan 7 1931  
What test confirmed diagnosis? Biopsy Was there an autopsy? Yes

23a. 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? no

If so, specify..... (Signed) L. C. Richards M. D.  
(Address) Fayette Mo

