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

Do not use this space.

34449

File No.

Registered No. 4164

1. PLACE OF DEATH

County Jackson

Township Raw

City Kansas City

Registration District No.

Primary Registration District No.

(No. 4106 Bellefontaine St. Ward)

2. FULL NAME Mrs. Helen McGregor Richards

(a) Residence. No. 4106 Bellefontaine 16 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 23, 1855

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	75	10	19	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

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

PARENTS

10. NAME OF FATHER Ralph Smith

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

12. MAIDEN NAME OF MOTHER Sarah Lockwood

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

14. INFORMANT Mrs. J. A. Williams
(Address) 4106 Bellefontaine

15. FILED 10/13, 1931 M. M. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 12, 1931

17. I HEREBY CERTIFY, That I attended deceased from 3/9, 1931, to 10-12-1931, that I last saw her alive on 10-12-1931, and that death occurred, on the date stated above, at 10:45 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Hypertheroidism

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(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? Clinical

(Signed) [signature], M. D.

10-13, 1931 (Address) [illegible]

*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 Cresco, Iowa

DATE OF ~~BURIAL~~ R 10-13 1931

20. UNDERTAKER Stine + McClure

ADDRESS 3235 William Plaza

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.