

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.

MAY 25 1932

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

Do not use this space.

12423

1. PLACE OF DEATH

County Jackson Registration District No. 398  
Township Bluff Primary Registration District No. 3019  
City Independence, Mo. (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 126  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Elthina Fordyce Richards

(a) Residence, No. 526 East Alton St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 24 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 Edmond Richards

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) (1850) Oct 31st.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
81 5 1

8. Trade, profession, or particular kind of work done, as splainer, sawyer, bookkeeper, etc. Housewife  
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) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) New Providence, Ind.  
(STATE OR COUNTRY) Indiana (Clark Co.)

13. NAME Jerris Fordyce  
14. BIRTHPLACE (CITY OR TOWN) unknown  
(STATE OR COUNTRY) \_\_\_\_\_

15. MAIDEN NAME Juda McKenley  
16. BIRTHPLACE (CITY OR TOWN) New Providence  
(STATE OR COUNTRY) Indiana (Clark Co.)

17. INFORMANT Law Barksdale  
(ADDRESS) 526 East Alton

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Mound Grove DATE April 6 - 1932

19. UNDERTAKER Carson Funeral Home  
(ADDRESS) Independence, Mo.

20. FILED April 5, 1932 J. Cook  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 2 - 1932

22. I HEREBY CERTIFY, That I attended deceased from March 25, 1932, to April 2, 1932, 1932  
I last saw her alive on April 1, 1932, 1932. Death is said to have occurred on the date stated above, at 2.0 m.

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

Influenza  
Chronic myocardial insufficiency  
Date of onset \_\_\_\_\_

Other contributory causes of importance: 110 120 130 140 150

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. 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 none  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_

(Signed) Joseph P. Green, M. D.  
(Address) Independence, Mo.

