

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

Do not use this space.

15143

12

1. PLACE OF DEATH  
112 County Webster  
Township Hazlewood  
City (No. ....) Ward

Registration District No. 897  
Primary Registration District No. 6102

File No. ....  
Registered No. 897  
St. .... Ward

2. FULL NAME Bertha M. M. Richman

(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) married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Barny Richman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 30 1870

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
61 10 24

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
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) (STATE OR COUNTRY) Mo. 1

MOTHER FATHER  
13. NAME Magdalen Shaw

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

15. MAIDEN NAME Hester Wagner

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT (ADDRESS) Barny Richman  
Superior Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE N.W. River DATE 4/25 32

19. UNDERTAKER (ADDRESS) L.A. Watson  
Superior Mo.

20. FILED 4/24 32 L.A. Watson  
Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 24 1932

22. I HEREBY CERTIFY, That I attended deceased from January, 1932 to Apr 24, 1932  
I last saw her alive on about Apr 20 1932 Death is said to have occurred on the date stated above, at 2450 m.  
The principal cause of death and related causes of importance were as follows:

Hypertrophied - Decompensated Date of onset  
sclerotic heart  
95 95 Probably 2 or 3 yrs ago  
Other contributory causes of importance: Cardiac Asthma 10 yrs.

Name of operation..... 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.....  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no.  
If so, specify.....  
(Signed) B. E. Latimer, M. D.  
(Address) Hartsville 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.

WRITE PLAINLY; WITH UNFADING INK---THIS IS A PERMANENT RECORD

MO 9-1-1932

