

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

PLACE OF DEATH
County Butter

18913

Township _____

Registration District No. 89

File No. 408

Village _____

Primary Registration District No. 3007

Registered No. 22

City Poplar Bluff (NO. _____)

St. 4 Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME John Thomas Richardson

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX <u>Male</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED WIDOWED OR DIVORCED <u>Widowed</u> <small>(Write the word)</small>
DATE OF BIRTH <u>Apr. 28, 1852</u> <small>(Month) (Day) (Year)</small>		
AGE <u>38</u> yrs. <u>7</u> mos. <u>16</u> ds.		if LESS than 1 day, ___ hrs. or ___ min.?

DATE OF DEATH Jan. 14, 1911
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Jan. 14, 1911 about 1911, that I last saw him alive on Jan. 14, 1911 and that death occurred, on the date stated above, at his home.
The CAUSE OF DEATH* was as follows:

OCCUPATION
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) 3-01

Sour kind of Stomach trouble
11 1/2 (Duration) 5 or 6 yrs. ___ mos. ___ ds.

BIRTHPLACE (City or town, State or foreign country) Clay Co Ind.

Contributory (SECONDARY) _____
(Duration) ___ yrs. ___ mos. ___ ds.

NAME OF FATHER Don't know

(Signed) C. W. Williamson M. D.
Jan 14, 1911 (Address) Poplar Bluff

BIRTHPLACE OF FATHER (City or town, State or foreign country) Don't know

MAIDEN NAME OF MOTHER Don't know

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Don't know

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. T. Richardson

Where was disease contracted if not at place of death?
Former or usual residence _____

(ADDRESS) Poplar Bluff Mo.

PLACE OF BURIAL OR REMOVAL City Cemetery DATE OF BURIAL Jan. 14, 1911

Filed Jan 14, 1911, Annie Clarke Deputy REGISTRAR

UNDERTAKER A. W. Green ADDRESS Poplar Bluff

PARENTS
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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification.

Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDE.

MISSOURI
BU

PLACE OF DEATH

County _____
Township _____
or
Village _____
or
City _____ (NO. _____)
Registration District No. _____
Primary Registration District No. _____

SEX		FULL NAME		MEDIC	
PERSONAL AND STATISTICAL PARTICULARS		DATE OF BIRTH		DATE OF DEATH	
SINGLE	COLOR OR RACE	(Month)	(Day)	(Year)	I HEREBY that I last saw h and that death occu The CAUSE OF DE
MARRIED		IF LESS than 1 day, ____ hrs. or ____ min.?			
WIDOWED		____ yrs. ____ mos. ____ ds.			
OR DIVORCED (If rit's the word)		OCCUPATION			
		(a) Trade, profession, or particular kind of work _____			
		(b) General nature of industry, business, or establishment in which employed (or employer) _____			
		BIRTHPLACE			
		(City or town, State or foreign country)			
		NAME OF FATHER			
		BIRTHPLACE OF FATHER			
		(City or town, State or foreign country)			
		MAIDEN NAME OF MOTHER			
		BIRTHPLACE OF MOTHER			
		(City or town, State or foreign country)			
		THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE			
		(Informant)			
		(ADDRESS)			
		Contributory (SECONDARY)			
		(Signed)			
		* State the Disease Caused by (1) Measles of Inj; and (2) Length of Resid Recent Residents)			
		At place of death ____ yrs. ____ mos. ____ ds.			
		Where was disease contracted if not at place of death _____			
		Former or usual residence _____			
		PLACE OF BURIAL			
		UNDERTAKER			
		FILED			
		191____			
		REGISTRAR			