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

Do not use this space.

5587

1. PLACE OF DEATH
County Macon — Registration District No. 529 — File No.
Township Chariton — Primary Registration District No. ~~4315~~ 5705 — Registered No.
City (No. St. Ward)

2. FULL NAME Marcus D. Richardson
(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: Male
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 X X

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 29-1871 1871

7. AGE: 56 YEARS — MONTHS: 10 — DAYS — If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Miller
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Adair Co
(STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER Stephen Richardson
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Mass
12. MAIDEN NAME OF MOTHER Caroline Woodard
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Ill

14. INFORMANT O. H. Richardson
(Address) Success Mo.

15. FILED 3-8, 1928 F. L. Trippeer M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2/29 1928

17. I HEREBY CERTIFY, That I attended deceased from 16 January, 1928, to Feb 29, 1928 that I last saw him alive on Feb 28, 1928, and that death occurred, on the date stated above, at 6 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Hepatitis Diabetis and 90P
Paracardetis acute. 128B

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 57
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Frank L. Trippeer, M.D.
, 19 (Address) College Mound Mo.

*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: Hebron Cemetery — DATE OF BURIAL: Mch 1 1928

20. UNDERTAKER: Albert Skinner — ADDRESS: Macon 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.

MAR 19 1928