

MAR 21 1928

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

Do not use this space.

7561

1. PLACE OF DEATH

County Washington
Township Union
City (No.) St. Ward)

Registration District No. 887
Primary Registration District No. 6182

File No.
Registered No. 12

2. FULL NAME

Jesse J. 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 M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan, 30-28

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 0 11

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer) ?
(c) Name of employer ?

9. BIRTHPLACE (CITY OR TOWN) Cadet
(STATE OR COUNTRY) Mo

10. NAME OF FATHER Jesse A. Richardson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Francois Co
(STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Alice Cain

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Francois Co
(STATE OR COUNTRY) Mo

14. INFORMANT Orville Richardson
(Address) Cadet, Mo

15. FILED 2/4 1928 Geo. L. Thurman
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 3 1928

17.

I HEREBY CERTIFY, That I attended deceased from 10:00 2, 1928, to 5:00 19,
that I last saw him alive on Jan. 30, 1928, and that death occurred, on the date stated above, at 5:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

unknown, seemed healthy until found dead instrumental delivery
16:00 (duration) yrs. 4 mos. 4 ds.

CONTRIBUTORY (SECONDARY)
20510 (duration) yrs. 10 mos. 4 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH,

DID AN OPERATION PRECEDE DEATH?

DATE OF

WHAT TEST CONCERNED DIAGNOSIS

(Signed) Geo. L. Thurman, Loc. Reg. No. 2/4, 1928 (Address) Potosi, Mo.

*State the DISRASE 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 DATE OF BURIAL

Barlow Cemetery 2 4 1928

20. UNDERTAKER

None
ADDRESS 1

