

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

Do not use this space.

12110

1. PLACE OF DEATH

County North
Township Middle Fork
City (No.)

Registration District No. 1112
Primary Registration District No. 6213

File No.
Registered No.
St. Ward)

2. FULL NAME

Wilma Richardson
(a) Residence No. St. Ward.
(Usual place of abode)

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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 14 1928

17. I HEREBY CERTIFY, That I attended deceased from March 14, 1928, to March 14, 1928, that I last saw her alive on March 13, 1928, and that death occurred, on the date stated above, at 1:30 A. m.

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

THE CAUSE OF DEATH* WAS AS FOLLOWS:

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 27 1907

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

Bacterial pneumonia
11A
107A (duration) yrs. mos. 8 ds.
CONTRIBUTORY (SECONDARY) Influenza
(duration) yrs. mos. 5 ds.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID IN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical

(Signed) Paul H. Carey, M. D.

, 19 (Address) Denver, 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.

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

10. NAME OF FATHER Edmer Richardson

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

12. MAIDEN NAME OF MOTHER Cora Yates

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Iowa
(STATE OR COUNTRY)

PARENTS

14. INFORMANT J.P. Brown
(Address) Denver, Mo

15. FILED 3/18 1928 U. Andrews
REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Wharton Lane 3/15 1928
20. UNDERTAKER Brown Bros
Denver

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

