

MAY 29 1928

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

Do not use this space.

12437

1. PLACE OF DEATH

County Butler
Township Neelyville
City (No. _____) _____

Registration District No. 88
Primary Registration District No. 5130

File No. _____
Registered No. 12
St. _____ Ward _____

2. FULL NAME

Jessie May Richardson

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

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 6, 1893

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
34 5 22

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at home
(b) General nature of industry, business, or establishment in which employed (or employer) House wife
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Fitchfield, Ill.
(STATE OR COUNTRY)

10. NAME OF FATHER Geo. Shaw

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

12. MAIDEN NAME OF MOTHER Mary Vinard

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

14. INFORMANT Osmond Richardson
(Address) Neelyville

15. FILED 5, 1, 1928 T. L. Turner
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-28 19 28

17. I HEREBY CERTIFY That I attended deceased from Oct. 26, 1927, to Apr. 27, 1928 that I last saw him alive on Apr. 25, 1928, and that death occurred, on the date stated above, at 3:20 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS
T.B. - 7 cultures

30 25
(duration) yrs. 6 mos. - da.
CONTRIBUTORY (SECONDARY) 30
(duration) yrs. _____ mos. _____ da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH, _____

DID AN OPERATION PRECEDE DEATH? NO DATE OF _____

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS? no. Laboratory
(Signed) Wm. H. King, M. D.
, 19 (Address) manmoth Spg. Ark

*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 Black Creek DATE OF BURIAL 4-29 19 28

20. UNDERTAKER Frank Vuch Co. Poplar Bluff
ADDRESS _____

WRITE PLAINLY, WITH CAPITAL LETTERS. 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.

