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

Do not use this space.

27737

File No. .....
Registered No. 63

1. PLACE OF DEATH
County LAFAYETTE
Township DAVIS
City HIGGINSVILLE (No. ....., ... St. ..... Ward)

Registration District No. 460
Primary Registration District No. 5624-a

2. FULL NAME NORWOOD RICHARDSON JR.

(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 SINGLE

6. DATE OF BIRTH (MONTH, DAY AND YEAR) JAN*2-1928

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	7	11	

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

9. BIRTHPLACE (CITY OR TOWN) HIGGINSVILLE, MO.
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER NORWOOD RICHARDSON
11. BIRTHPLACE OF FATHER (CITY OR TOWN) MEXICO, MO.
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER EDITH JOHNSON
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) HIGGINSVILLE, MO.

14. INFORMANT Mr Miller Johnson by AH
(Address) HIGGINSVILLE, MO.

15. FILED 8-14, 1928 Bessie P Porter
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8-13-1928 19

17. I HEREBY CERTIFY, That I attended deceased from 8-10, 1928, to 8-13, 1928, that I last saw b. alive on 8, 19..., and that death occurred, on the date stated above, at About 3310 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pertussis
0
1 1/2 0 (duration) ..... yrs. 1/2 mos. ..... ds.
CONTRIBUTORY (SECONDARY) Inanition + Pneumonia
1 3/4 (duration) ..... yrs. 3 mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....
0 DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Physical Signs
(Signed) M. D. Miller, M. D
, 19 (Address) Higginsville 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: CITY? CEMETERY
DATE OF BURIAL: 8-14-1928

20. UNDERTAKER Hoefer & Meiereshagen
ADDRESS H-ville/ 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.

ED 6 1928