102
23 1929

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

Do not use this space.

39388

1. PLACE OF DEATH
County Shelby — Registration District No. 831 — File No.
Township Black Creek — Primary Registration District No. 6092 — Registered No.
City — (No. — St. — Ward)

2. FULL NAME Mondmary Richardson
(a) Residence. No. Patient in County Infirmary 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 Emma Richardson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 11 1845

7. AGE: Years 84 — Months 5 — Days 24 — If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

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

PARENTS
10. NAME OF FATHER James Richardson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Va
12. MAIDEN NAME OF MOTHER Jane Grimes
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Va

14. INFORMANT Wm Richardson (Address) Clarence Mo.

15. FILED Nov 7, 1929 Emrette A. Howerton REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 5 1929

17. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19..., that I last saw h... alive on ..., 19..., and that death occurred, on the date stated above, at 9:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Probably Cerebral Hemorrhage. Died Suddenly. Had Senile Dementia.
(duration) yrs. mos. ds.

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

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? None

(Signed) P. C. Archer, M.D.
11-6, 1929 (Address) Shelbyville 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: Maplewood Cemetery Clarence Mo — DATE OF BURIAL: Nov 7 1929

20. UNDERTAKER: J. W. Thompson Son — ADDRESS: Shelbyville 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.