

NOV 21 1930

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

Do not use this space.

32360

1. PLACE OF DEATH

County Chariton
Township Brunswick
City Brunswick No. _____

Registration District No. 169
Primary Registration District No. 4098

File No. _____
Registered No. 3A
St. _____ Ward _____

2. FULL NAME

Rudolph 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

Male

4. COLOR OR RACE

Colored

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)

May-12-1925

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

5

5

1

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) None

(c) Name of employer _____

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

Brunswick Mo.

10. NAME OF FATHER

Herbert Richardson

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

De Witt Mo.

12. MAIDEN NAME OF MOTHER

Edna Scott

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

Brunswick Mo.

14. INFORMANT (Address)

Herbert Richardson Brunswick Mo.

15. FILED

10/14, 1930 Harry E. Tatum REGISTRAR

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

Oct 13 1930

17. I HEREBY CERTIFY, That I attended deceased from _____ 19____ to _____ 19____ that I last saw him alive on _____ 19____, and that death occurred, on the date stated above, at _____ m.

Oct 1-1930 to Oct 13 1930
Oct 13 1930
8:30 p.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Spinal meningitis

19A

CONTRIBUTORY (SECONDARY)

None

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? DATE OF _____

_____ WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) Harry E. Tatum M. D.

, 19____ (Address) Brunswick 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

DATE OF BURIAL

Brunswick Mo Oct 14 1930

20. UNDERTAKER

ADDRESS

L. M. B. Brunswick

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

