

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

Do not use this space.

**39995**

**PLACE OF DEATH**

County Linn  
Township Brookfield  
City Brookfield, Mo.

Registration District No. 496  
Primary Registration District No. 3025

File No. \_\_\_\_\_  
Registered No. 96  
St. \_\_\_\_\_ Ward)

**2. FULL NAME**

Lahius Richardson

(a) Residence. No. 149 E. Howard St. 3 Ward.

(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred - yrs. 2 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)

Married

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

Laura E. Richardson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 23-1860

7. AGE

YEARS 70

MONTHS 2

DAYS 28

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. OCCUPATION OF DECEASED

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

Farmer

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Do not know

(STATE OR COUNTRY)

Chariton Co. Mo

PARENTS

10. NAME OF FATHER

Joseph B. Richardson

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Do not know

(STATE OR COUNTRY)

Do not know

12. MAIDEN NAME OF MOTHER

Sarah M. Johnson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Do not know

(STATE OR COUNTRY)

Do not know

14. INFORMANT

Lewis K. Richardson

(Address)

Brookfield, Mo.

15. FILED

Dec 22, 1930

Bessie M. Fourn  
Deputy REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

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

Dec 21 1930

17.

I HEREBY CERTIFY, That I attended deceased from July 10, 1930 to Dec 20, 1930, and that I last saw him alive on Dec 20, 1930, and that death occurred, on the date stated above, at 8 A. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Chronic colitis  
120 B

(duration) 25 yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

acute incontinence

(duration) \_\_\_\_\_ yrs. mos. 15 ds.

18. WHERE DISEASE CONTRACTED

NOT AT PLACE OF DEATH

at home

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

usual finding

(Signed) W. B. Simpson, D.O.

Dec. 21, 1930 (Address) Brookfield, 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

New Hope Cemetery, Randolph County, Mo Dec 22 1930

20. UNDERTAKER

L. H. Hill

ADDRESS

Brookfield, Mo.

N. B.—Every item of information shown on certificate appears on the original certificate. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

JAN 20 1931

