

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

Do not use this space.

38767

**1. PLACE OF DEATH**

County St. Francois  
Township Randolph  
City Placedge (No. ....)

Registration District No. 779  
Primary Registration District No. 60292

File No. ....  
Registered No. ....  
St. .... Ward)

**2. FULL NAME**

Gladys E. Richardson

(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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 6 - 1931

5a. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (or) WIFE OF

Smith Richardson

17. I HEREBY CERTIFY That I attended deceased from Nov 6, 1931, to Nov 6, 1931.  
that I last saw h. u. alive on Nov 6, 1931, and that death occurred, on the date stated above, at 6 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Tuberculosis (Pulmonary)

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 7 - 1904

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.  
27 5 29

CONTRIBUTORY (SECONDARY) Pneumonia followed by large pulmonary abscess  
(duration) 3 yrs. .... mos. .... ds.

**8. OCCUPATION OF DECEASED**

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

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

(c) Name of employer .....

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH? .....

9. BIRTHPLACE (CITY OR TOWN) Flat River  
(STATE OR COUNTRY) St. Francois, Mo.

1 DID AN OPERATION PRECEDE DEATH? Yes DATE OF Summer 1931

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Path. physical & ray

(Signed) J. W. Johnson M. D.

11-6-1931 (Address) Flat River, Mo.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MANNER AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**10. NAME OF FATHER**

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

(STATE OR COUNTRY) Perry County

12. MAIDEN NAME OF MOTHER Lena Lane

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

(STATE OR COUNTRY) Went County

14. INFORMANT Paul M. Heer  
(Address) DeLoe, Mo.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Paris, Mo. DATE OF BURIAL 11-8 1931

15. FILED 11-8-31 R. B. Decker

REGISTRAR

20. UNDERTAKER Raymond Calhoun ADDRESS Flat River, Mo.

1931 82 2001

CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE UNDERSTOOD BY ANYONE.

100

100

100

100

100

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County St. Francois Registration District No. 779 File No. ....  
Township Randolph Primary Registration District No. 6024 Registered No. ....  
City (No. ....) St. .... Ward)

**2. FULL NAME**

Gladys E. Richardson  
(a) Residence, No. .... St. .... Ward. .... (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**

**MEDICAL CERTIFICATE OF DEATH**

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 6, 1931

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

22. I HEREBY CERTIFY, That I attended deceased from

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

to ....., 19.....

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.

I last saw h..... alive on ....., 19..... Death is said

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.....

to have occurred on the date stated above, at.....m.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.....

The principal cause of death and related causes of importance were as follows:

10. Date deceased last worked at this occupation (month and year).....

11. Total time (years) spent in this occupation.....

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

13. NAME Charles Mc New

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE, 19.....

19. UNDERTAKER (ADDRESS)

20. FILED 11-8- 1931 R. B. Rector Registrar.

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

CAUSE OF DEATH in plain terms, so that it may be properly understood. STATEMENT OF OCCUPATION is very important.

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