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

Do not use this space.

33371

File No.
Registered No.

1. PLACE OF DEATH

94 County St. Francois — Registration District No. 779
Township Randolph — Primary Registration District No. 6024a
City ~~Desloge~~ (No. , St. Ward)

2. FULL NAME Hattie May 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.

NOV 28 1932

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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 Joel Richardson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 27. 1881

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 50 | 11 | 14 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 8

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

FATHER

13. NAME James William
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bonnetera Mo

MOTHER

15. MAIDEN NAME Mary Barns
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fredblake Mo

17. INFORMANT (ADDRESS) Joel Richardson Desloge Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Francois DATE Oct 13 1932

19. UNDERTAKER (ADDRESS) C. J. Boyer Desloge Missouri.

20. FILED 10-13- 1932 R B Rector Registrar.

## 3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 14 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct - 9 1932, to Oct - 14 1932
I last saw her alive on Oct - 11 1932. Death is said to have occurred on the date stated above, at 4:10 a.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Apoplexy | 10/9/32 |
| 131 | |
| 87A | |
| 97 | |

Other contributory causes of importance:

| | |
|---|---|
| Arteriosclerosis & chronic nephritis | 1920 |

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) N. M. Queen, M. D.
(Address) Desloge, 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.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD