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

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.

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

Do not use this space.

36483

File No. .....

Registered No. .....

1. PLACE OF DEATH

County: Montgomery — Registration District No.: 938

Township: ..... — Primary Registration District No.: 5786

City: Mineola Mo (No. ....., ..., St. ....., Ward)

2. FULL NAME: Susie Richardson

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred: 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 5 th 1882

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	50	3	19	

OCCUPATION

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

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: .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Near Mineola Mo !

FATHER

13. NAME: Thomas Jinkins

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

MOTHER

15. MAIDEN NAME: Elizabeth Johnson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Williamsburg Mo !

17. INFORMANT (ADDRESS): Webster Richardson Mineola Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE: Gregory Cem. DATE: 11/25/32, 19

19. UNDERTAKER (ADDRESS): C. W. Hopkins Montgomery City Mo

20. FILED: 11/28, 19 32 — J. E. Gibson, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): II/24/32, 19

22. I HEREBY CERTIFY, That I attended deceased from Sept 15, 1931, to Nov - 24, 1932

I last saw her alive on Nov - 10, 1932. Death is said to have occurred on the date stated above, at 8; A m.

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

	Date of onset
Pulmonary Tuberculosis	1931
23A	
106B	
Other contributory causes of importance: Chronic Bronchitis	?

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? .....

If so, specify .....

(Signed) James O. Helm, M. D.

(Address) New Florence Mo.