

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

Do not use this space.

4602

1. PLACE OF DEATH
 County Adair Registration District No. 1023
 Township Clay Primary Registration District No. 5006
 City On St. _____ Ward _____

2. FULL NAME Mr Ruth 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

3. SEX <u>F.</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Arzy Richardson</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 27 1892</u>				
7. AGE	YEARS <u>40</u>	MONTHS <u>3</u>	DAYS <u>23</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
MOTHER FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Adair Co. Mo.</u>			
	13. NAME <u>Val Chapman</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>			
	15. MAIDEN NAME <u>Carrie Cherry</u>			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>not known</u>				
17. INFORMANT <u>Arzy Richardson</u> (ADDRESS) <u>Beachport, Mo.</u>				
18. BURIAL, CREMATION OR REMOVAL PLACE <u>Beachport</u> DATE <u>2/27 1933</u>				
19. UNDERTAKER <u>F. P. Early</u> (ADDRESS) <u>Beachport, Mo.</u>				
20. FILED <u>Feb. 23 1933</u> <u>Martha M. Kennedy</u> Registry				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 20 1933

22. I HEREBY CERTIFY that I attended deceased from Feb 19 1933 to Feb 20 1933
 I last saw her alive on Feb 20 1933 Death is said to have occurred on the date stated above, at 3:15 p.m.
 The principal cause of death and related causes of importance were as follows:
Celaempsis (Cholera) Date of onset 2-19-33
14 1/2
 Other contributory causes of importance:
15 OR 14/6

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) H. M. Heppelstrey, M. D.
 (Address) Beachport, 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.

THIS IS A PERMANENT RECORD

