

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

Do not use this space.

5040

1. PLACE OF DEATH

County Cedar Registration District No. 163 File No. _____
Township Prin Primary Registration District No. 3231 Registered No. 17
City Stockton (No. _____) St. _____ Ward _____

2. FULL NAME

John Madison 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (to fill the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 24, 1876

7. AGE YEARS 86 MONTHS 9 DAYS 2 If LESS than 1 day, _____ hrs. or _____ min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Swanz Co., Ky

FATHER 13. NAME John Richardson

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

MOTHER 15. MAIDEN NAME Elizabeth Scagg

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

17. INFORMANT (ADDRESS) Jason Madison Richardson

18. BURIAL, CREMATION, OR REMOVAL PLACE Dumpgag DATE Feb 24, 1933

19. UNDERTAKER (ADDRESS) W. G. Davis & Co

20. FILED Mar 1933 E. J. Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-23, 1933

22. I HEREBY CERTIFY, That I attended deceased from 2-15, 1933, to 2-23, 1933

I last saw him alive on 2-15-33; 1933. Death is said to have occurred on the date stated above, at 4.4 a.m.

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

Bronchopneumonia
11/11/1070

Date of onset

Other contributory causes of importance _____

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. A. Sampell, M. D.

(Address) Stockton Mo

CAUSE OF DEATH in plain terms, so that it may be properly understood.

