

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

Do not use this space.

23758

1. PLACE OF DEATH

County Marion Registration District No. 347
 Township _____ Primary Registration District No. 3079
 City Hannibal (No. 117) N. Hayden St. _____ Ward _____

2. FULL NAME Gillian G. Richardson
 (a) Residence, No. 117 N. Hayden 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 Female **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Samuel Richardson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 31, 1867
7. AGE YEARS MONTHS DAY If LESS than 1 day,hrs. ormin.
65 11 18

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
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) Salisbury Maryland

13. NAME Edward Gerald
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Millford Delaware

15. MAIDEN NAME Henrietta Clay Bush
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Salisbury Maryland

17. INFORMANT Mrs. J. D. Hennessy (Daughter)
 (ADDRESS) 117 N. Hayden, Hannibal, Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Mr. Olivet DATE July 21, 1933

19. UNDERTAKER Wm. M. Smith
 (ADDRESS) 902 Broadway Hannibal Mo

20. FILED July 22, 1933 R. H. Webster
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-19 1933

22. I HEREBY CERTIFY, That I attended deceased from 7-10, 1933 to 7-19, 1933
 I last saw him alive on 7-19, 1933 Death is said to have occurred on the date stated above, at 2:30 p.m.
 The principal cause of death and related causes of importance were as follows:

Ascending Paralysis Date of onset 4-10-33

Other contributory causes of importance:

SIA

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) C. E. Salyer J. E. M. D.
 (Address) Hannibal Mo

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.

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