

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

Do not use this space.

1. PLACE OF DEATH

County New Madrid
Township St. John
City St. John (No. _____)

Registration District No. 567
Primary Registration District No. 3803

File No. 23897
Registered No. 47
St. _____ Ward _____

2. FULL NAME

(a) Residence No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jennie Potts Richardson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 20 - 1867

7. AGE YEARS 66 MONTHS 3 DAYS 25 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) Shaver Co. Ky

MOTHER 13. NAME Carter Richardson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shaver Co. Ky

15. MAIDEN NAME Mattie Albritton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shaver Co. Ky

17. INFORMANT W. R. Richardson (ADDRESS) Madison, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE DeMoria DATE July 26 1933

19. UNDERTAKER James M. Shelby (ADDRESS) East Prairie, Mo.

20. FILED July 15 1933 Clifford J. Sidner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 15, 1933

22. I HEREBY CERTIFY that I attended deceased from June 23, 1933, to July 15, 1933
I last saw him alive on July 14, 1933. Death is said to have occurred on the date stated above, at 10.4 a.m.

The principal cause of death and related causes of importance were as follows:
Dysentery July 12-1933
abscess of abdomen

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? no

If so, specify _____
(Signed) George W. Whitaker, M. D.
(Address) East Prairie 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.

SEP 26 1933

Dr. Whitaker

