

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

Do not use this space.

25912

1. PLACE OF DEATH

21 County Chariton Registration District No. 174
Township Yellowbuck Primary Registration District No. 5241
City (No. St. Ward)

2. FULL NAME

Lutie Richeson
(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF Husband of → Lou Richeson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 21st 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 7 4

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.

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) Marion Co Mo

13. NAME Andrew Agles

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion Co Mo

15. MAIDEN NAME Sallie A. Minor

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Randolph Co Mo

17. INFORMANT (ADDRESS) Lou Richeson
Rollville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Rollville DATE Aug 27 1933

19. UNDERTAKER (ADDRESS) L. H. Rippey
Marion Mo

20. FILED 8-26 1933 U. G. Deneb
Registrar.

1. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 25 1933

22. I HEREBY CERTIFY, That I attended deceased from May 20th 1933, to Aug 25, 1933
I last saw her alive on Aug 24th 1933 Death is said to have occurred on the date stated above, at 10 a.m.
The principal cause of death and related causes of importance were as follows:

Sarcoma of right arm Date of onset 2 yrs
Left arm was amputated 3 or 4 years ago for same cause
Other contributory causes of importance: None

Name of operation none Date of
What test confirmed diagnosis Clinical Was there an autopsy? NO

23. If death was due to external cause (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) U. G. Deneb, M. D.
(Address) Rollville 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

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