

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

Do not use this space.

11801

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

2. FULL NAME Miss Louise 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 F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wes H. Richardson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 1" 1861

7. AGE YEARS 72 MONTHS 6 DAYS 11 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

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) Clark Co. Mo.

MOTHER FATHER 13. NAME Rice Casson

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

15. MAIDEN NAME Elizabeth George

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

17. INFORMANT Amy Richardson (ADDRESS) Trasler, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Rebel DATE 4/16 1934

19. UNDERTAKER F. P. Early (ADDRESS) Trasler, Mo.

20. FILED May 14, 1934 Spencer Freeman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 12 1934

22. I HEREBY CERTIFY, That I attended deceased from April 12 1934 to April 12 1934
 Last saw her alive on April 12 1934 Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:
Apoplexy
92
9/2
10/1

Date of onset Apr 12 1934

Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? No

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) M. F. Kennedy M. D.
 (Address) 1034 1/2 E. 10th St. Rebel

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. JUN 20 1934

