

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

Do not use this space.

AUG 23 1935

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## 1. PLACE OF DEATH

County Jefferson  
Township Valle  
City Rural

Registration District No. 420  
Primary Registration District No. 5574

File No. \_\_\_\_\_  
Registered No. 48 52  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Booker C. Richardson

(a) Residence, No. County Farm St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 6 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 (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 25 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
74                      10                      11

OCCUPATION 8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. Labor  
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) Missouri13. NAME Not Known14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known15. MAIDEN NAME Not Known16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known17. INFORMANT Mrs Mirrell Huesbey  
(ADDRESS) Desoto Mo18. BURIAL, CREMATION, OR REMOVAL  
PLACE Robertson Cem. DATE July 8 193419. UNDERTAKER Richardson & Mothershead  
(ADDRESS) Desoto, Mo.20. FILED 7/8 1934 J. W. Morris  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 6, 193422. I HEREBY CERTIFY, That I attended deceased from Dec 2 1934 to July 6 1934, 1934

I last saw him alive on July 6 1934, 1934. Death is said to have occurred on the date stated above, at 8:30 P. M.  
The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage Date of onset 5-6-34

Other contributory causes of importance: 82 A

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) J. W. Barnett, M. D.(Address) Hillsboro Mo.

