

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

Do not use this space.

JUN 5 1935

18760

1. PLACE OF DEATH

County Jacobs
Township Npton
City (No. _____) _____ St. _____ Ward _____

Registration District No. 1088
Primary Registration District No. 6148

File No. _____
Registered No. _____

2. FULL NAME Francis Marion 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 <u>male</u> | 4. COLOR OR RACE <u>white</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mrs Francis Richardson</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____ | | |
| 7. AGE <u>73 YEARS</u> | <u>4 MONTHS</u> | <u>9 DAYS</u> |
| | | IF LESS than 1 day, _____ hrs. or _____ min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farming</u> | |
| | 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) <u>The Summer of 1934</u> | |
| | | 11. Total time (years) spent in this occupation. <u>Life time</u> |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wisconsin</u> | | |
| FATHER | 13. NAME <u>Stephen Calvin Richardson</u> | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mass.</u> | |
| MOTHER | 15. MAIDEN NAME <u>Elizabeth Woodward</u> | |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u> | |
| 17. INFORMANT <u>Ona H. Richardson</u> (ADDRESS) <u>Success, Mo</u> | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Success</u> DATE <u>May-8-1935</u> | | |
| 19. UNDERTAKER (ADDRESS) _____ | | |
| 20. FILED <u>5-8-1935</u> <u>Joe C. Stites</u> Registrar. | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May-7th, 1935

22. I HEREBY CERTIFY, That I attended deceased from April-1st, 1935, to May-7-, 1935
I last saw him alive on April-7-, 1935. Death is said to have occurred on the date stated above, at 6:30 P.m.
The principal cause of death and related causes of importance were as follows:
Angina Pectoris
Date of onset _____

Other contributory causes of importance:
None

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 Robert B. Tutley, M. D.
(Signed) _____ (Address) Plato, 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.

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

ALL INFORMATION ON THIS FORM IS FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY. Do not use this space.

1. PLACE OF DEATH

County Texas Registration District No. 1088
 Townshp Upton Primary Registration District No. 6148
 City (No. St. Ward)

File No. _____
 Registered No. _____

2. FULL NAME

Francis Marion Richardson

(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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 7 1935

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

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 28-1861

I last saw h_____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

7. AGE YEARS MONTHS DAYS If LESS than day, hrs. or min. 73 4 9

The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 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) _____ Total time (years) spent in this occupation _____

Date of onset _____
 Other contributory causes of importance: _____
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

13. NAME _____

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

15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19____

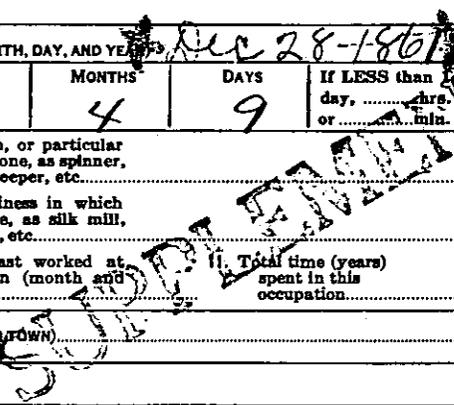
19. UNDERTAKER (ADDRESS) _____

20. FILED May 8 1935 Joe C. Stites Registrar

24. Was disease or injury in any way related to occupation of deceased? If so, specify _____

(Signed) Robert B. Tilley, M. D.
 (Address) Plato Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AGE should be stated EXACTLY. PHYSICIANS should state ALL INFORMATION ON THIS FORM IS FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY. Do not use this space.



SEP 17 1935

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