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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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

Do not use this space.

24131

1935

1. PLACE OF DEATH
County Randolph — Registration District No. 735 — File No.
Township — Primary Registration District No. 3034 — Registered No. 130
City Moberly (No. Woodland Hospital St. Ward)

2. FULL NAME Carlyle Richardson
(a) Residence, No. Macon, Mo 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) S

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 13-1893

7. AGE — YEARS 42 — MONTHS — DAYS 7 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk
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) Macon Co Mo

FATHER
13. NAME John B Richardson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

MOTHER
15. MAIDEN NAME Mary E White
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Macon Co Mo

17. INFORMANT (ADDRESS) Ernest Richardson RR Macon Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ten Mile Cem DATE July 20 1935

19. UNDERTAKER (ADDRESS) Albert S Kinner Macon Mo

20. FILED 7/20 1936 Virginia Walther by SE Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 20, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 19, 1935, to July 20, 1935
I last saw him alive on July 20, 1935. Death is said to have occurred on the date stated above, at ~~xxxx~~ m. 12:25 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute appendicitis with peritonitis	7/17/35

Other contributory causes of importance:
None

Name of operation Appendectomy Date of 7/19/35
What test confirmed diagnosis? Operation 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? No
If so, specify
(Signed) Thos S Fleming, M. D.
(Address) Moberly, Mo.