

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

NOV 21 1935

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

Do not use this space.

32317

1. PLACE OF DEATH *Dunklin*
 County *Dunklin* Registration District No. *282*
 Township *Union* Primary Registration District No. *0401*
 City (No. _____) St. _____ Ward _____

2. FULL NAME *Mary Joyce 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 *Female* 4. COLOR OR RACE *W.* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) *W*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Sept 23 - 1935*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
0 1 3

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) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo.*

FATHER 13. NAME *Leonard Richardson*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo.*

MOTHER 15. MAIDEN NAME *Velma Sullivan*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo.*

17. INFORMANT *Lucy Richardson*
(ADDRESS) *Campbell Mo.*

18. BURIAL, CREMATION, OR REMOVAL
 PLACE *Clayton* DATE *Oct 27 1935*

19. UNDERTAKER *Landers Funeral Home*
(ADDRESS)

20. FILED *10/27 1935* - *E. W. Landers*
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Oct 26 1935*

22. I HEREBY CERTIFY, That I attended deceased from *Oct 20 1935* to *Oct 26 1935*
 I last saw him alive on *Oct 20 1935* Death is said to have occurred on the date stated above, at *9:30 A.M.*
 The principal cause of death and related causes of importance were as follows:
Enteric Colitis
1198
 Other contributory causes of importance:
Faulty Feeding
 Name of operation *none* Date of _____
 What test confirmed diagnosis? *no* 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) *J. L. Cone*, M. D.
 (Address) *Campbell Mo.*

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.

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