JUN 6

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

Do not use this space.
36476-5
185

1. PLACE OF DEATH
County Jefferson
Township Meele
City Rural (No. ..... St. ..... Ward)

Registration District No. 420
Primary Registration District No. 5574

File No.
Registered No.

2. FULL NAME Simon Richardson

(a) Residence, No. R Route 3 DeSoto 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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 17 - 1935

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

OCCUPATION
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. Infant
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) Jefferson Co

FATHER
13. NAME Mason Richardson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cadet Mo

MOTHER
15. MAIDEN NAME Loretta Damsonsil
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Blackwell Mo

17. INFORMANT (ADDRESS) Mason Richardson RR#3 DeSoto Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Selvey DATE 6/17 1930

19. UNDERTAKER (ADDRESS) Mother husband

20. FILED 11-17 1935 H W Harris
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 17 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 4 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
After viewing the body and interrogating members of the family, I am satisfied that death was due to natural causes, and issue death certificate (burial permit.)	

Other contributory causes of importance

H W Harris
Local Registrar.

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) ....., M. D.
(Address)

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

100M 11-24-38