

rickson

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.

100-27-28-29

MAY 18 1936

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

Do not use this space.

14259

1. PLACE OF DEATH

County Butler Registration District No. 89  
Township \_\_\_\_\_ Primary Registration District No. 3007 File No. \_\_\_\_\_  
City Poplar Bluff, Mo. (No. Poplar Bluff Hospital) Registered No. 98 St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Mary Agnes Richardson

(a) Residence, No. North Front St. 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 12 - 1894

7. AGE YEARS 41 MONTHS 7 DAYS 24 IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-wife

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) Madison County Missouri

13. NAME Will Griffith

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

15. MAIDEN NAME Unknown

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

17. INSTANT (ADDRESS) Will Richardson Poplar Bluff, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Poplar Bluff DATE April 8 1936 City Cemetery

19. UNDERTAKER (ADDRESS) Frank Und. Co. Poplar Bluff, Mo.

20. FILED 4/8 1936 W. H. Gutzinger Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 6 1936

22. I HEREBY CERTIFY, That I attended deceased from 4-2 1936 to 4-6 1936

I last saw h. e. r. alive on 4-6 1936 19\_\_\_\_ Death is said

to have occurred on the date stated above, at 6 A.m.  
The principal cause of death and related causes of importance were as follows:

Tuberculosis Date of onset 4-1-36

Other contributory causes of importance: 108

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) W. H. Gutzinger, M. D.

(Address) 874 N. B. Hwy. Mo.

