JUN 23 1936

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

Do not use this space.

20083

1. PLACE OF DEATH
County Mississippi — Registration District No. ~~Ohio~~ 566 — File No.
Township Ohio — Primary Registration District No. 5762 — Registered No. 66
City Wyatt (No. , St. Ward)

2. FULL NAME William Richardson
(a) Residence, No. Wyatt St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF [redacted] Annie Richardson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 26-1878
7. AGE YEARS 58 MONTHS 2 DAYS 22 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
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) Lawrence County Ill.

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

MOTHER
15. MAIDEN NAME Katherine Stilley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

17. INFORMANT (ADDRESS) Mrs. Wm Richardson Wyatt Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove Cem. DATE May 20 1936
19. UNDERTAKER (ADDRESS) Frank Lair Funeral Service Charleston Mo
20. FILED May 19th 1936 F S Vernon Registrar.

MEDICAL CERTIFICATE OF DEATH 6:00 P.M.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 18, 1936
22. I HEREBY CERTIFY, That I attended deceased from May 15th, 1936, to May 18th, 1936
I last saw him alive on May 17th, 1936 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:
Cerebral Haemorrhage — Date of onset
Other contributory causes of importance: Chronic Nephritis
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) Frank S Vernon, M. D.
(Address) Charleston 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.

10.M-3-28-35