JUL 21 1936

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

Do not use this space.

File No. 22705

Registered No.

1. PLACE OF DEATH
County: Howell
Township: Willow Springs
City: (No. St. Ward)
Registration District No. 385
Primary Registration District No. 5536

2. FULL NAME: Mrs A. R. 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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: A. R. Richardson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 7, 1874
7. AGE: Years 62; Months; Days; If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: domestic
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): North Carolina

FATHER
13. NAME: John Whiteard
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): North Carolina

MOTHER
15. MAIDEN NAME: Sarah Landell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): North Carolina

17. INFORMANT (ADDRESS): Edgar Richardson
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Pine Grove DATE: June 16, 1936
19. UNDERTAKER (ADDRESS): T. R. Burns & Son, Willow Springs, Mo.
20. FILED: July 9, 1936 J. B. Davis Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 15, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 9, 1936 to June 15, 1936
I last saw her alive on June 15, 19.... Death is said to have occurred on the date stated above, at 7:30 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1910
Other contributory causes of importance: Chronic Nephritis	1930

Name of operation: ----- Date of: ----
What test confirmed diagnosis? Physical Findings 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. B. Davis, M. D.
(Address) Willow Springs, 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.

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