

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

Do not use this space.

35335

OCT 21 1936

1. PLACE OF DEATH

County Randolph
Township Union
City _____ (No. _____) St. _____ Ward _____

Registration District No. 735
Primary Registration District No. 5991

File No. _____
Registered No. 196

2. FULL NAME Charles H. Richardson

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

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 (OR) WIFE OF Blanche Richardson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 26th 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
74 10 14

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

13. NAME H. H. Richardson

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

15. MAIDEN NAME Elizabeth Bloyd

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

17. INFORMANT (ADDRESS) Mrs. Blanche Richardson

18. BURIAL, CREMATION, OR REMOVAL PLACE Moberly DATE Sept 17th 1936

19. UNDERTAKER (ADDRESS) Moran and Son

20. FILED 9/12 1936 Virginia Walker Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 10th 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 9 1936 to Sept 10 1936
I first saw him alive on Sept 10, 1936 Death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset Sept 19, 1936
Hypertension

Other contributory causes of importance:

None
Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical 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) Martin P. Hunter, M. D.

(Address) 300 1/2 W Reed St.

Moberly, 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.

