

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

Do not use this space.

FEB 29 1937

1. PLACE OF DEATH
 County RANDOLPH Registration District No. 795 File No. 2715
 Township MOBERLY Primary Registration District No. 3094 Registered No. LT
 City MOBERLY No. 7 St. _____ Ward _____

2. FULL NAME LULA RICHARDSON
 (a) Residence, No. 883 W COATES Ward. _____ (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 F 4. COLOR OR RACE NEGRO 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF ORVILLE RICHARDSON
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3/11/1898
 7. AGE YEARS 38 MONTHS 10 DAYS 9 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
 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) Slater Mo

FATHER
 13. NAME D.K.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D.K.

MOTHER
 15. MAIDEN NAME D.K.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D.K.

17. INFORMANT Orville Richardson
 (ADDRESS) Moberly Mo

18. BURIAL, CREMATION OR REMOVAL PLACE Capland Cem DATE 1/24/37

19. UNDERTAKER Leaverton Funeral Home
 (ADDRESS) Moberly Mo

20. FILED 1/23/37 19 Virginia A. Phelps Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 20, 1937
 22. I HEREBY CERTIFY, That I attended deceased from Jan. 16 1937 to Jan. 19 1937
 I last saw him/her alive on Jan 19, 1937. Death is said to have occurred on the date stated above, at 2:30 a.m.
 The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia
 Other contributory causes of importance: Asphyxia
 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? No
 If so, specify H. A. Ferguson, M. D.
 (Signed) _____ (Address) 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.

