

DEC 27 1937

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

Do not use this space.

21118

1. PLACE OF DEATH

County Pettis
Township Sedalia
City Sedalia

Registration District No. 668
Primary Registration District No. 2002
(No. 2158 St. R.)

File No. 318322
Registered No. 668
St. _____ Ward _____

2. FULL NAME

Quay Ferry Richerson ✓

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

Length of residence in city or town where death occurred 10 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 (OR) WIFE OF Eva Lee Richerson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 19 1899

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
37 10 21

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) Elkland13. NAME F. F. Richerson14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.15. MAIDEN NAME Margaret Davidson16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.17. INFORMANT (ADDRESS) F. F. Richerson18. BURIAL, CREMATION, OR REMOVAL PLACE La Monte Mo. DATE Nov 16 193719. UNDERTAKER (ADDRESS) F. F. Parker20. FILED 11-18 1937 James Black Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-10-37 193722. I HEREBY CERTIFY, That I attended deceased from Nov 4 1937 to Nov 10 1937I last saw him alive on Nov 10 1937. Death is said to have occurred on the date stated above, at 3 P. M.

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

Lobar Pneumonia Date of onset _____Other contributory causes of importance: NoneName of operation _____ Date of _____
What test confirmed diagnosis? Physical Was there an autopsy? No23. 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) Loard Bohling, M. D.(Address) Sedalia Mo.

[The page contains extremely faint and illegible text, likely a document or report. The content is mostly obscured by noise and low contrast.]

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

42168
Do not use this space.

1. PLACE OF DEATH

(a) County Pettis Registration District No. 668
 (b) Township..... Primary Registration District No. 3032 Registered No. 322
 (c) City Sedalia (d) Street No. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Dwain Berry Richardson

(a) Residence, No. St. (If nonresident, give city or town and State)
 (Usual place of abode; if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
37 10 21

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Auto-shop
 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)

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 11-13 1937 Jimm Black Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-10 1937

22. I HEREBY CERTIFY, That I attended deceased from 19... to... 19...

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at..... m.

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

Date of onset

Other contributory causes of importance:

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) Carl Bohling, M. D.

(Address) Sedalia

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

