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.

I X9314

REC'D MAR 14 1938

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

Do not use this space.

2
1

1. PLACE OF DEATH

6 County Barton — Registration District No. 40 — File No. 5966

2 Township — Primary Registration District No. 4024 — Registered No. 6

0 City Lamar (No. ..... St. ..... Ward)

2. FULL NAME Eunice Eva Richardson 263

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 49 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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Jas. R. Richardson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 22 1853

7. AGE: YEARS 84 — MONTHS 9 — 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: 67

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Chicago Illinois 1

FATHER

13. NAME: Wm. Bartlett 4
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): London England 4

MOTHER

15. MAIDEN NAME: Mary Stapleton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Wales

17. INFORMANT (ADDRESS): Selah Richardson Lamar, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Lake Cemetery DATE: Feb 4th 1938

19. UNDERTAKER (ADDRESS): Kon[illegible] Konantz Lamar Mo.

20. FILED Feb-4- 1938 Mrs. Josephine Mynatt Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): February 1 1938

22. I HEREBY CERTIFY, That I attended deceased from 9-5, 1934, to 2-1-, 1938
I last saw her alive on 2-1-, 1938. Death is said to have occurred on the date stated above, at 1:50 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	2/1
107a	
Other contributory causes of importance:	
Pemphigus	1920

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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?
If so, specify .....
(Signed) James A. Atkins, M. D.
(Address) Lamar, Mo

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