

SEP 21 1938

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

Do not use this space.

28714  
35013

1. PLACE OF DEATH

County COOPER

Registration District No. 218

File No.

Township

Primary Registration District No. 3015

Registered No. 75

City BOONVILLE (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

WILLIAM RICHARDSON 263

(a) Residence, No. MORGAN ST. 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 MALE 4. COLOR OR RACE NEGRO 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
approx 73 - - - - -

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

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) Aug-1938 11. Total time (years) spent in this occupation LIFE

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) BATON ROUGE LOUISIANA

13. NAME UNKNOWN 9

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " 9

15. MAIDEN NAME UNKNOWN

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

17. INFORMANT ANNIE RICHARDSON (ADDRESS) BOONVILLE

18. BURIAL, CREMATION, OR REMOVAL PLACE CITY CEMETERY DATE AUG 23 1938

19. UNDERTAKER STEGNER-KOENIG (ADDRESS) BOONVILLE MO.

20. FILED Aug 22 1938 DeLooper Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 21 1938

22. I HEREBY CERTIFY, That I attended deceased from August 14 1938 to August 16 1938

I last saw h. was alive on August 16 1938. Death is said to have occurred on the date stated above, at 7:45 a.m.

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

Cerebral Hemorrhage (Apoplexy)

Date of onset about Aug 1 1938

Other contributory causes of importance: General Arteriosclerosis Unknown

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) J.C. Fincher, M. D.

(Address) Boonville, 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.

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RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 9/14/38