

REC'D SEP 27 1938

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

Do not use this space.

29554

1. PLACE OF DEATH

County Morgan County Registration District No. 953
Township Morgan Mill Creek Primary Registration District No. 5797-13
City William B (No. _____) St. _____ Ward _____

2. FULL NAME Wm B 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) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ellender Ann Beaman
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 29-1854
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
84 9 10
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) Morgan County Mo

FATHER 13. NAME Wm Richardson

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

MOTHER 15. MAIDEN NAME Nancy Summers

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

17. INFORMANT Jess Richardson (ADDRESS) WVA, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE Aug. 21 1938

19. UNDERTAKER W. F. Kidwell (ADDRESS) Versailles, Mo

20. FILE Aug 21 1938 Jules Cooper Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 19 1938

I HEREBY CERTIFY, That I attended deceased from Jan 1-1936, 19____, to Aug 19, 1938
last saw him alive on June 18, 1938 Death is said to have occurred on the date stated above, at 8 A m.
The principal cause of death and related causes of importance were as follows:

Organic heart disease feet Monch ago
ASB?

Other contributory causes of importance:
Arterio Sclerosis

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) W. F. Kidwell M. D.
535 (Address) Versailles Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 7.

District File Number

7-38-99

Date Filed

9/12/38

RECEIVED
District Health Officer No. 7.
District File Number
Date Filed

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

2955-4
Do not use this space.

1. PLACE OF DEATH

(a) County Morgan Registration District No. 95-3
(b) Township Mill Creek Primary Registration District No. 2797B
(c) City..... (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 William 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) Eleanor Ann Beaman

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

7. AGE 83 YEARS MONTHS 7 DAYS 20 IF LESS than 1 day, hrs. or min.

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.
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

PLAC Winnetka DATE 8-21, 1938

19. FUNERAL DIRECTOR (ADDRESS)

20. FILE Aug 21, 1938 John H. Cooper Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 19, 1938

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

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:

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)....., M. D. (Address).....

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

Exact statement of OCCUPATION is very important. If OCCUPATION is not stated, it should be stated in plain terms, so that it may be properly classified.

