

APR 12 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

791  
1003

8182  
Do not use this space.

1947

1. PLACE OF DEATH

(a) County ..... Registration District No. ....  
 (b) Township ..... Primary Registration District No. ....  
 (c) City H. Louis (d) Street No. 3107 Clark ..... 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 LAURA RICHARDSON

(a) Residence, No. 3107 Clark St. 18 (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX female 4. COLOR OR RACE colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles Richardson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 24, 1887

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
52 4 2

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. housewife  
 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) Columbus Mississippi

FATHER 13. NAME Louis Thomas

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

MOTHER 15. MAIDEN NAME Caroline Sykes

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

17. INFORMANT (ADDRESS) Evergreen Richardson 3107 Clark

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington PK. DATE Mar. 3 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) English Und. Co 2931 Subas, Ave

20. FILED MAR 1 1939 J. B. Bredish Local Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. - 25th - 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. - 10th - 1939 to Feb. - 25th - 1939  
 I last saw her alive on February 25 - 1939. Death is said to have occurred on the date stated above, at 10:30 AM.  
 The principal cause of death and related causes of importance were as follows:

Acute Pleurisy (None Tubercular)

Date of onset Feb. 10th - 1939

Other contributory causes of importance: Exposure to cold non-traumatic

Name of operation ..... Date of .....  
 What test confirmed diagnosis? None 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 None  
 (Signed) Oscar William Johnson, M. D.  
 (Address) 1046 N. Grandincenter

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

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, \_\_\_\_\_

*Louis V. Atkins*

or by \_\_\_\_\_

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed \_\_\_\_\_

*Louis V. Atkins*

Licensed Embalmer No. \_\_\_\_\_

*2842*

P. O. Address \_\_\_\_\_

*3644 Finney*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**