

AUG 11 1939

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

26366

Do not use this space.

1. PLACE OF DEATH

(a) County Newton Registration District No. 609
(b) Township Mosho or Primary Registration District No. 4363
(c) City Mosho (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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

263 Mrs Tobitha Richardson
(a) Residence, No. Delma St Mosho, Mo 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 Female 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 Shirdian Richardson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 1, 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
77 10 14

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) Laclede Co., Mo

FATHER 13. NAME Geo Pulse
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn

MOTHER 15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N Carolina

17. INFORMANT (ADDRESS) Virgil Richardson Mosho, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Gibson Cemetery DATE 6-18 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Corley Thompson Mosho, Mo

20. FILED 7-10 1939 Ana A. Sal. Mo Local Registrar. 543

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 15, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 10 1939, to June 15, 1939
Last saw her alive on June 14, 1939 Death is said to have occurred on the date stated above, at 9:15 pm.
The principal cause of death and related causes of importance were as follows:

Chronic Endocarditis Date of onset _____

Other contributory causes of importance: 92h

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? NO

If so, specify _____

(Signed) J. R. Reynolds M. D.(Address) Mosho Mo

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, or by.....

Gail K. Gay

Registered Apprentice No. *189*

working under my personal supervision.

Signed *Lorey Thompson*

Licensed Embalmer No. *3259*

P. O. Address *Neosho Mo.*

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

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