REC'D SEP 15 1939

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

Do not use this space.

29713

1. PLACE OF DEATH
County Miller
Township Salvine
City Eldon (No. ..... St. ..... Ward)

Registration District No. 561
Primary Registration District No. 5755A

File No. .....
Registered No. 53

2. FULL NAME 263 Unnamed Richardson
(a) Residence, No. Eldon, RR 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 F
4. COLOR OR RACE (B) col.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8/4/39

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

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) Eldon, Mo
(STATE OR COUNTRY) Missouri

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

MOTHER
15. MAIDEN NAME Dollie Richardson
16. BIRTHPLACE (CITY OR TOWN) Miller Co.
(STATE OR COUNTRY) Missouri

17. INFORMANT Roy Richardson
(ADDRESS) Eldon, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Greenridge DATE 8-5, 1939

19. UNDERTAKER by family
(ADDRESS)

20. FILED 8-5 1939 Belle Haynes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 4, 1939

22. I HEREBY CERTIFY, That I attended deceased from at Stillbirth, 19..., to ..., 19...
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 6:50 P.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Stillborn (Probably died about 5 days ago) | |

Other contributory causes of importance:
caused by Eclampsia of mother

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) Lynn M. Garner, M. D.
495 (Address) Tuscumbia, 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.

RECEIVED
Miller County Health Dep't.
County File Number 39-163
Date Filed 9-13-39