

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

Do not use this space.

1. PLACE OF DEATH

County Henry Registration District No. 347
Township Primary Registration District No. 3018
City Clinton (No.) St. Ward)

File No. 23616
Registered No. 94
St. Ward)

2. FULL NAME

(a) Residence. No. West Valley St. 3 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 W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 8 1889

7. AGE (38) Year 38 Month 9 Day 4 If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Kansas City (STATE OR COUNTRY) Mo

10. NAME OF FATHER John Edwin Richardson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know

12. MAIDEN NAME OF MOTHER Anna Cressy

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Saline Co Mo

14. INFORMANT Francis Johns. (Address) Clinton Mo

15. FILED July 13, 1928 H. E. C. Peeler REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 12 1928

17. I HEREBY CERTIFY, That I attended deceased from June 1 1928, to July 12 1928 that I last saw h. es alive on July 12 1928, and that death occurred, on the date stated above, at 10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

3 A.M. of Sept 6
fulgurulent
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 57
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 57
IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? 9 DATE OF
WAS THERE AN AUTOPSY? 7

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) Daniel A. Prope M. D. 7/13, 1928 (Address) Clinton Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Englewood Cem. DATE OF BURIAL 7/13 1928

20. UNDERTAKER Spore & son ADDRESS Clinton Mo.

X. 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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