

JAN 24 1938

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

Do not use this space.

1. PLACE OF DEATH

County *St. Francis*  
Township *Randolph*  
City *Centerville*

Registration District No. *779*  
Primary Registration District No. *60240*

File No. *46593*

Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

*Geo. E. Richardson*

(a) Residence, No. \_\_\_\_\_ 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

MEDICAL CERTIFICATE OF DEATH

3. SEX *M* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Dec 7*, 19*37*

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

22. I HEREBY CERTIFY, That I attended deceased from *July 33*, 19*33* to *Dec 7*, 19*37*  
I last saw him alive on *Dec 6*, 19*37*. Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Oct 10<sup>th</sup> 1877*

to have occurred on the date stated above, at *5 P.M.*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. *60 1 27*

The principal cause of death and related causes of importance were as follows:

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

*Carcinoma rectum* Date of onset *unk*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *French Village Mo*

Other contributory causes of importance: *Chc int reflux*

13. NAME *Booker Richardson*

Name of operation *biopsy* Date of *July 1936*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *near French Village Mo*

What test confirmed diagnosis? *biopsy* Was there an autopsy? *no*

15. MAIDEN NAME *Julia Anne Jones*

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.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *unknown*

17. INFORMANT *Marjamae Richardson*  
(ADDRESS) *Farmington Mo*

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL *buried*  
DATE *12-9*, 19*37*

24. Was disease or injury in any way related to occupation of deceased?   
If so, specify \_\_\_\_\_

19. UNDERTAKER *Baldwell Bros*  
(ADDRESS) *Lead River Mo*

(Signed) *Harold C. Saylor*, M. D.  
(Address) *Desloge Mo*

20. FILED *7-8*, 19*38* *W.P. Blackworth*  
Registrar.

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

