WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

33857

1. PLACE OF DEATH
County Jasper
Township
City Joplin (No. 812 Chestnut St. Ward)
Registration District No. 411
Primary Registration District No. 2002
File No.
Registered No. 559

2. FULL NAME Elmer 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

3. SEX m
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 Virginia Richardson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 16-1861

7. AGE Years 66 Months 4 Days 12 If LESS than 1 day, ...hrs. or ....min.

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

9. BIRTHPLACE (CITY OR TOWN) Shelby Co.
(STATE OR COUNTRY) Ohio

PARENTS
10. NAME OF FATHER Ovid Richardson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) No Record
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Hannah Master
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) No Record
(STATE OR COUNTRY)

14. INFORMANT J W Walker
(Address) Joplin Mo

15. FILED 11/28 1927 Dr A Benson Clark
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-28 1927

17. I HEREBY CERTIFY, That I attended deceased from Nov 14, 1927, to Nov 28, 1927 that I last saw him alive on Nov 27 30, 1927 and that death occurred, on the date stated above, at 3 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic nephritis
131
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 129 a
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Roy E Myers, M. D
11/28, 1927 (Address) Joplin 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 Forrest Park
DATE OF BURIAL 11/30 1927

20. UNDERTAKER Hurlburt Bud Co
ADDRESS Joplin Mo