

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

Do not use this space.

20447

1. PLACE OF DEATH

County Grundy
Township Frederick
City Linton (No.)

Registration District No. 330
Primary Registration District No. 3017

File No.
Registered No.
St. Ward)

2. FULL NAME

Geo. A. Richardson
(a) Residence. No. Night Hospital Ward. Salman City Mo
(Usual place of abode)
(If nonresident give city or town and State)
Length of residence in city or town where death occurred 6 yrs. mos. 6 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 28-1852

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
76 0 17

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Lumber
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Monroe Mo
(STATE OR COUNTRY)

10. NAME OF FATHER Geo Richardson

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

12. MAIDEN NAME OF MOTHER Phoebe Watson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Don't know
(STATE OR COUNTRY)

14. INDEMNITY Mrs. Flora Fitzsimmons
(Address) Salman City Mo

15. FILED 15 June 28 E. A. Huffer
19... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6/15 19 28

17. I HEREBY CERTIFY That I attended deceased from June 9 1928 to June 14 1928 that I last saw him alive on June 14 1928, and that death occurred, on the date stated above, at 8 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Prostate
blood and bladder
49 (duration) 1 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Obstruction of bladder
Outlet (duration) 6 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

1 DID AN OPERATION PRECEDE DEATH. Yes DATE OF June 9-1928

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical Examin
Diagnosis (Signed) Newton Mo M. D.

15 June 1928 (Address)

*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 German City DATE OF BURIAL 16 June 1928

20. UNDERTAKER RST Humberg ADDRESS Linton

RECORD 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.

