

OCT 19 1937

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

Do not use this space.

34012

1. PLACE OF DEATH *Essex*  
County *Essex* Registration District No. *213*  
Township *Jefferson* Primary Registration District No. *3014*  
City *Jefferson* (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME *Infant Richardson*  
(a) Residence, No. *476 Michigan* 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 <i>Female</i>	4. COLOR OF RACE <i>white</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Single</i>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Sept 23-37</i>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Sept 23-37</i>				
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) (STATE OR COUNTRY) <i>Jefferson City, Mo.</i>				
FATHER	13. NAME <i>Earl Richardson</i>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Harrisburg, Mo.</i>			
MOTHER	15. MAIDEN NAME <i>Opal Nichol</i>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>J. C. Mo.</i>			
17. INFORMANT (ADDRESS) <i>Earl Richardson</i>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Doskey, Mo.</i> DATE <i>9/29/37</i>				
19. UNDERTAKER (ADDRESS) <i>Jameson</i>				
20. FILED <i>9/23/37</i> <i>Dr. Richard M. D.</i> Registrar				

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *9/28/37* 19

22. I HEREBY CERTIFY, That I attended deceased from *9/20/37* to *9/28/37* 19  
I last saw *alive on* *9/28/37* 19 Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.  
The principal cause of death and related causes of importance were as follows:  
*Stultborn*  
Date of onset \_\_\_\_\_

Other contributory causes of importance:  
*Prolonged birth.*

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) *David G. G. M. D.*  
(Address) *Jefferson City, Mo.*

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

FORM 1-30 I 40814

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.

