

REC'D JUN 24 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

19833

Do not use this space.

1. PLACE OF DEATH

(a) County Washington Registration District No. 987
 (b) Township Union Primary Registration District No. 6182 Registered No. _____
 (c) City _____ (d) Street No. _____ St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Mary Analee Richardson 2103
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 14 1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
8 25

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. none
 9. Industry or business in which work was done, as 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) Cadet Mo

13. NAME Analee Richardson
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Francis Co Mo

15. MAIDEN NAME Pearl Elizabeth Proffitt
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cadet Mo

17. INFORMANT (ADDRESS) Analee Richardson
Cadet Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Cadet DATE June 9 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) none

20. FILED June 18 1938 G.F. Creswell
 Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 8 1938

22. I HEREBY CERTIFY That I attended deceased from June 7 1938 to June 8 1938
 I last saw her alive on June 7 1938 Death is said to have occurred on the date stated above, at 8:25 P.

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

Calicita
and Influenza

Date of onset

Other contributory causes of importance: 11918-

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? no

If so, specify _____

(Signed) G.F. Creswell, M. D.
 (Address) Pitau Mo

W. J. ...

W. J. ...

LEPI ...

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by

Registered Apprentice No., working under my personal supervision.

Signed

Licensed Embalmer No.

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.