

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

Do not use this space.

AUG 9 1939

26109

1. PLACE OF DEATH
 55 County Lawrence Registration District No. 474
 Township Ozark Primary Registration District No. 5628
 City Millersburg (No. _____) St. _____ Ward _____

2. FULL NAME 263 William Wealey 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mrs. Ina Richardson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 26 1885</u>		
7. AGE	YEARS	MONTHS
	<u>53</u>	<u>10</u>
		DAYS
		<u>1</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		If LESS than 1 day, _____ hrs. or _____ min.
<u>Farmer</u>		
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 <u>life</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>		
13. NAME <u>Marcus Richardson</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>		
15. MAIDEN NAME <u>Mary Merrick</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>		
17. INFORMANT <u>G. C. Richardson</u> (ADDRESS) <u>Springfield Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Rick Prairie</u> DATE <u>July 29, 1939</u>		
19. UNDERTAKER <u>A. S. Wallace</u> (ADDRESS) <u>Balltown Mo.</u>		
20. FILED <u>7/28</u> , 19 <u>39</u> <u>Mrs. Anna Wilkerson</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 27, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec. 20/1938, 19____, to July 27/1939, 19____
 I last saw him alive on July 15/1939, 19____. Death is said to have occurred on the date stated above, at 11:38 Am.
 The principal cause of death and related causes of importance were as follows:
Left ventricular hypertrophy-
 Mitral stenosis-
 aortic regurgitation and slight
 fibrillation. Two years duration
 Date of onset _____
 Other contributory causes of importance:
None
 Name of operation None Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? No

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) S. M. Clark, M. D.
425 (Address) Halltown, Mo.

COPY OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 6,

District No. 839-1507

Date Filed AUG 7 1939