

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

Do not use this space.

38146

1. PLACE OF DEATH

County Ray
Township Richmond
City Richmond

Registration District No. 744
Primary Registration District No. 3035

File No. _____
Registered No. 94
St. _____ Ward _____

2. FULL NAME Lydia Johnson

(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

Col

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF

[Signature]

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

7-27-1853

7. AGE

76

YEARS

MONTHS

3

DAY

13

If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work _____

(b) General nature of industry, business, or establishment in which employed (or employer) _____

(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN)

Louisville Ky.

(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER

Henry Richardson

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Virginia

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Charlotte Barker

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Virginia

(STATE OR COUNTRY)

14. INFORMANT

Carrie Evans
Richmond Mo.

(Address)

15. FILE

Nov 19 29 E E Gay
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2 **16. DATE OF DEATH (MONTH, DAY AND YEAR)** 11-10-29 1929

17. I HEREBY CERTIFY, That I attended deceased from Sept. 6
1929, to 11-10, 1929
that I last saw him alive on 11-10, 1929, and that death occurred, on the date stated above, at 9 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage

82A
93A (duration) 7 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Myocardial failure.
(duration) 7 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

at home
IF NOT AT PLACE OF DEATH _____

no DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Physiol finding, Paralysis

(Signed) Harry Melvin Griffith, M. D.

Nov. 10, 19 29 (Address) Richmond 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

Sunny slope Cem

DATE OF BURIAL

11-13-29 1929

20. UNDERTAKER

C. W. Mansur

RICHMOND MO.

CAUSE OF DEATH-in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. AGE should be properly classified. Exact statement of OCCUPATION is very important.

89
6
4

262

