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6-3-1933

### Katharine Berry Richardson certificate of death

Missouri State Board of Health

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

Do not use this space.

**19644**

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
 Township Waverly Primary Registration District No. 1002  
 City Clinton, Mo. (No. Nurses Home Mercy Hospital Ward)

File No. 203-65  
 Registered No. 2018

**2. FULL NAME**

Katharine B. Richardson  
 (a) Residence, No. 171 Clinton, Mo. St. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 26 - 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, of hrs. or min.  
75 8 7

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mercy Hosp.

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) Flat Rock, Ky.

13. NAME Stephen Berry

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

15. MAIDEN NAME Harriett Benton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

17. INFORMANT (ADDRESS) Children Mercy Hosp

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Wash DATE 6/16/33

19. UNDERTAKER (ADDRESS) Mrs. C. J. J. J. J.

20. FILED June 5, 1933 M. M. Grant Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-3, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 2, 1933, to June 3, 1933

I last saw her alive on June 3, 1933 Death is said to have occurred on the date stated above, at 6:20 P.M.

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

Peritonitis (Probably perforated gall bladder)

History of gall stones for yrs.

Other contributory causes of importance:

Myocarditis, Chronic

Name of operation P.C. Date of 6/3/33

What test confirmed diagnosis? P.C. 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, 1933

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) Lawrence P. Engel, M. D.

(Address) 1228 Prof Bldg.

WRITE PLAINLY, 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.

