

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

Do not use this space.

13411

1. PLACE OF DEATH

County Jackson
Township Law
City Kansas City (No. 599 1/2 Forest)

Registration District No. 394
Primary Registration District No. 1002

File No. _____
Registered No. 1743
St. _____ Ward _____

2. FULL NAME

Lucille Richardson
(a) Residence. No. 599 1/2 Forest 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX ♀ 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 10, 1904

7. AGE: YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
24 | 1 | 5

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Domestic
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

10. NAME OF FATHER Gas. Richardson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Madagascar

12. MAIDEN NAME OF MOTHER Charl Estes

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Mo.

14. INFORMANT (Address) Charl Richardson
599 1/2 Forest

15. FILED 4-17-28 M.M. Crowe REGISTRAR
cash

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4/15, 1928

17. I HEREBY CERTIFY, That I attended deceased from 4-21-28 Jan. 21st, 1928, to April 14th, 1928, that I last saw him alive on April 14th, 7 P.M., 1928, and that death occurred, on the date stated above, at 8:05 P.M. - 15th

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Mitral Regurgitation (arites)
(coronary atherosclerosis)

CONTRIBUTORY (SECONDARY) congest lungs (T.B.)

18. WHERE WAS DISEASE CONTRACTED _____

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) Stuart A. Hummer, M.D.
4/16, 1928 (Address) 1311 Indiana Ave

*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 Harrensburg Mo

DATE OF BURIAL 4/18, 1928

20. UNDERTAKER Hatkins Bros
ADDRESS 1729 Lydia

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.

Red Hummed.