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

Do not use this space.

26503

SEP 24 1928

1. PLACE OF DEATH
County Buchanan — Registration District No. 85
Township — Primary Registration District No. 1001
City St. Joseph (No. Noyes Hospital St. Ward)

File No.
Registered No. 982

2. FULL NAME Anna Richardson
(a) Residence. No. Route # 7, King Hill Road 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): March 4, 1868

7. AGE: Years 60 — Months 5 — Days 19 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

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

PARENTS
10. NAME OF FATHER: Alfred Biddle
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Atchison
(STATE OR COUNTRY): Kansas
12. MAIDEN NAME OF MOTHER: Alice Bender
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Chitopah
(STATE OR COUNTRY): Kansas

14. INFORMANT: C. A. Richardson
(Address): St. Joseph, Mo.

15. FILED: AUG 14 1928 19 — John G. Utz, 88 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Aug. 13 1928

17. I HEREBY CERTIFY: That I attended deceased from Aug 12, 1928 to Aug 13, 1928 that I last saw her alive on Aug 13, 1928, and that death occurred, on the date stated above, at Unknown m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Myocarditis - Chronic

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Adiposis Universalis 93C 600 (duration) 10 yrs. 0 mos. 0 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Signs & Symptoms
(Signed) Clarence Abbott, M. D
Aug 14, 1928 (Address) St Joseph 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: King Hill Cem.
DATE OF BURIAL: Aug. 17 1928

20. UNDERTAKER: Fred D. Clark
ADDRESS: 5025 King Hill Av.

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.