23 1929 80 0 0

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.

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

Do not use this space.

2854

1. PLACE OF DEATH
Court Pettis
Township La Monte
City ..... (No. ..... St. ..... Ward)

Registration District No. 667
Primary Registration District No. 5888

File No. .....
Registered No. .....

2. FULL NAME Edwin B. 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 7 yrs. 7 mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widower

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct 30 = 1840

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
88	2	25	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Contractor
(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) Canada

PARENTS

10. NAME OF FATHER: Clark Richardson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Scout Knox
12. MAIDEN NAME OF MOTHER: Polly Herrington
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Scout Knox

14. INFORMANT: G. C. Loveland
(Address) La Monte Mo

15. FILED Jan 25, 1929 B F Parker
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan 25 1929

17. I HEREBY CERTIFY, That I attended deceased from Viewed body, 19..., to ....., 19..., that I last saw h..... alive on ....., 1929, and that death occurred, on the date stated above, at 6.30 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Found dead in bed
Probably organic
heart disease
85 B
..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 205A
..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) N. S. Bishop Corona M. D
, 19 (Address)

*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: Rockford Del
DATE OF BURIAL: Jan 29 1929

20. UNDERTAKER: B. F. Parker
ADDRESS: La Monte Mo