

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

Do not use this space.

24740
3152

1. PLACE OF DEATH

County Jackson
Township North
City St. Charles

Registration District No. 399
Primary Registration District No. 100?
(No. 5723 Prospect)

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

2. FULL NAME

Baron F. Richardson

(a) Residence No. 5723 Prospect St. 10 Ward.

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Wife Richardson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 3 1848

7. AGE YEARS 81 MONTHS 3 DAYS 15 If LESS than 1 day, hrs. or min.

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

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

10. NAME OF FATHER James Richardson

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

12. MAIDEN NAME OF MOTHER

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

14. INFORMANT (Address) Mr. J. M. Franklin 220 E. Indiana

15. FILED 7-20, 1929 M. M. Crow REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7/18 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1928 to July 18, 1929 that I last saw him alive on July 18, 1929, and that death occurred, on the date stated above, at 11:20 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

hypostatic pneumonia
5185 (of color)
(duration) yrs. mos. da. 5

CONTRIBUTORY (SECONDARY) Carcinoma of bladder
(duration) yrs. mos. da. 1

18. WHEN WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.

OR DID AN OPERATION PRECEDE DEATH. no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? physical
(Signed) J. M. Franklin M. D. 800

7-18, 1929 (Address) N.W. Cor 17th & Prospect

*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 Woodlawn K.C.M. DATE OF BURIAL July 25, 1929

20. UNDERTAKER Rose & Anderson ADDRESS St. Charles Mo

WRITE PAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

R. 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.

MARGIN RESERVED FOR BINDING

V. S. No. 2.

1258

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