

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

Do not use this space.

36904

**1. PLACE OF DEATH**

County Greene  
Township \_\_\_\_\_  
City Springfield (No. \_\_\_\_\_)

Registration District No. 318  
Primary Registration District No. 2521  
620 S. Clay

File No. \_\_\_\_\_  
Registered No. 851  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Will A. Richardson

(a) Residence No. 620 S. Clay St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
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.  
(If nonresident give city or town and State)

**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 Laura Richardson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 4, 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
62 9 18

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Engineer  
(b) General nature of industry, business, or establishment in which employed (or employer) Senior High School  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Lawrence Co.  
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER John W. Richardson

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

12. MAIDEN NAME OF MOTHER Maria Farris

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

14. INFORMANT Eva Whitehead  
(Address) 620 S. Clay

15. FILED 11-23-27 For Sharp REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 22 1929

I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, (that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_, A. M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Cerebral Apoplexy  
824  
107

CONTRIBUTORY (SECONDARY) High blood pressure  
(duration) 3 yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED NOT IN PLACE OF BIRTH

DID AN OPERATION PRECEDE DEATH? DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) E. L. Roeberry, M. D.  
11-23, 1929 (Address) Springfield, Mo

\*State the DISEASE CAUSING DEATH, or its death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Maple Park Cemetery DATE OF BURIAL 11-24 19 29

20. UNDERTAKER Alma Schmeyer ADDRESS Springfield Missouri  
General Home

N. B.—Every item of information should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

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