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.

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 91 ..... File No. 2728

Township ..... Primary Registration District No. 1003 ..... Registered No. 162

City St Louis (No. St Luke's Hosp St. ..... Ward)

2. FULL NAME Harry Richardson.

(a) Residence. No. ..... St., 12 Ward. Webster Groves Mo
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 10 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): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Unknown

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

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Carpenter
(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): Wheeling W. Va

PARENTS
10. NAME OF FATHER: J. C. Richardson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Wheeling W. Va
12. MAIDEN NAME OF MOTHER: Catherine Dorsey
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Wheeling W. Va

14. INFORMANT: J. C. Richardson
(Address) Beverly Ohio

15. FILED JAN -6 1930 Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1 - 4 - 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec 31, 1929, to Jan 4, 1930 that I last saw him alive on Jan 4, 1930, and that death occurred, on the date stated above, at 2:05 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Intestinal Obstruction
46 C
112 B
..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Carcinoma of Caecum
..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH St. Luke's Hosp.
DID AN OPERATION PRECEDE DEATH? Yes DATE OF Jan 4, 1930
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Operation
(Signed) George H. Wood, M. D.
1-6-30 19 (Address) St. Luke's Hosp.

*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: Valhalla Cem — DATE OF BURIAL: 1-6-30 19

20. UNDERTAKER: Alexander & Sons — ADDRESS: 6175 Delmar