

WHITE PLAIN, 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.

APR 30 1930

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

Do not use this space.

9300

1. PLACE OF DEATH

County *Lafayette*  
Township *Washington*  
City *Lexington*

Registration District No. *461*  
Primary Registration District No. *3024*

File No. *26*  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

*James 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 yrs. 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 *Negro* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *Married*

5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (or WIFE OF) *Anna Richardson*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Nov 3, 1853*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
*76 4 3*

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) *Coal Miner.*  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) *Lexington*  
(STATE OR COUNTRY) *Mo.*

10. NAME OF FATHER *Hiram Richardson*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) *Don't know.*  
(STATE OR COUNTRY) \_\_\_\_\_

12. MAIDEN NAME OF MOTHER *Annet Dush*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) *Don't know.*  
(STATE OR COUNTRY) \_\_\_\_\_

14. INFORMANT *Anna Richardson*  
(Address) *Lexington Mo*

15. *Mar 7, 1930* *J. W. Mandall*  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Mar 6 1930*

17. I HEREBY CERTIFY, That I attended deceased from *January 2nd, 1930*, to *March 6, 1930* that I last saw him alive on *March 4, 1930* and that death occurred, on the date stated above, at *7:40 a.m.*

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
*Stenoplegial Central Hemorrhage*

17. (duration) *7* yrs. *7* mos. *5* ds.  
CONTRIBUTORY (SECONDARY) *Arterio Sclerosis*  
(duration) *8* yrs. *8* mos. *5* ds.

18. WHERE WAS DISEASE CONTRACTED *Spain*  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? *no* DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? *no*

WHAT TEST CONFIRMED DIAGNOSIS \_\_\_\_\_  
(Signed) *J. W. Ball*, M. D.  
*Mar 7, 1930* (Address) *Lexington 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 *Lexington Mo* DATE OF BURIAL *Mar 8 1930*

20. UNDERTAKER *Ornest Megert* ADDRESS *Lexington Mo*

