

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township KAW
City Kansas City (No. Research Hospital)

Registration District No. 399
Primary Registration District No. 8 2 0 2

Registered No. 381253933

2. FULL NAME

Ann Richmond

(a) Residence. No. 122 West 67th St. Terrace Ward. 8
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Single

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 15, 1930

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

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

9. BIRTHPLACE (CITY OR TOWN) Kansas City
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Paul P. Richmond

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

12. MAIDEN NAME OF MOTHER Marjorie Furgason

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

14. INFORMANT Paul P. Richmond
(Address) 122 W 67th St. Terrace

15. FILED 9/25 1930 M. M. Crowe
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 24 1930

17. I HEREBY CERTIFY, That I attended deceased from Sept 16, 1930, to Sept 24, 1930 that I last saw him alive on Sept 24, 1930, and that death occurred, on the date stated above, at 8:30 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Immaturity

159
36 (duration) yrs. mos. ds.

CONTRIBUTORY sepsis
(SECONDARY) (duration) yrs. mos. ds. 4

18. WHERE WAS DISEASE CONTRACTED?
IF NOT AT PLACE OF DEATH
161 W
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Harry M. Kelly, M. D.
9/25, 1930 (Address) Professional Bldg

*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 Edgewood Cemetery DATE OF BURIAL 9-24 1930

20. UNDERTAKER Steve McClure ADDRESS 3235
Richmond Place

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.

Mr. K. H. ... No. 115-2

U. S. ...

4311 ... Rd. ... 28