

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

Do not use this space.

13227

**1. PLACE OF DEATH**

County Buchanan Registration District No. 85  
Township \_\_\_\_\_ Primary Registration District No. 1001  
City St. Joseph (No. State Hospital #2)

File No. \_\_\_\_\_  
Registered No. 393  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence. No. St. Hosp. #2 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. 1 mos. 13 ds. How long in U.S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. \_\_\_\_\_

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>F</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Ed. L. Lucas</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>2-1-1876</u>				
7. AGE	YEARS <u>55</u>	MONTHS <u>2</u>	DAYS <u>9</u>	IF LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>unknown</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____ (c) Name of employer _____				
9. BIRTHPLACE (CITY OR TOWN) <u>Leavenworth</u> (STATE OR COUNTRY) <u>Kans</u>				
PARENTS	10. NAME OF FATHER <u>W. J. Richardson</u>			
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>unknown</u> (STATE OR COUNTRY) <u>Mo.</u>			
	12. MAIDEN NAME OF MOTHER <u>unknown</u>			
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Boling Green</u> (STATE OR COUNTRY) <u>Ky</u>			
14. INFORMANT <u>Hosp. record</u> (Address) <u>State Hospital</u>				
15. FILED <u>4-10</u> 19 <u>31</u> <u>John R. Bender</u> REGISTRAR				

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 10 1931

17. I HEREBY CERTIFY, That I attended deceased from March 25, 1931, to April 10, 1931, that I last saw him alive on April 10, 1931, and that death occurred, on the date stated above, at 7 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Broncho pneumonia  
93  
1090  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 5 ds.

CONTRIBUTORY (SECONDARY) Pneumonia  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED 83  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

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

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical findings  
(Signed) F. L. Martin M. D.

440. 1931 (Address) St. Joseph 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 <u>Leavenworth/Kans</u>	DATE OF BURIAL <u>April 10, 1931</u>
20. UNDERTAKER <u>J. C. Davis and Co</u>	ADDRESS <u>Leavenworth Kans</u>

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.

MAY 2 1 1931

