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

Do not use this space.

1005

1. PLACE OF DEATH

County Jackson — Registration District No. 385 — File No.

Township Kaw — Primary Registration District No. 1002 — Registered No. 43

City Kansas City (No. 2120 East 38th St. Ward)

2. FULL NAME Herbert William Richardson

(a) Residence, No. 2120 East 38th St. St., 13 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Minnie B Richardson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 11 1872

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	59	7 6	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. K. C. Water Dept

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Foreman 1774 5B1

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 1

FATHER

13. NAME William H Richardson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia 2

MOTHER

15. MAIDEN NAME No record

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record 31

17. INFORMANT (ADDRESS) Mrs Minnie Richardson 2120 East 38th

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary DATE 1/7/32 19

19. UNDERTAKER (ADDRESS) Quirk & Tobin Co 20 W Linwood

20. FILED Jan. 6 1932 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 5 1932 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 13, 1931, to Jan 5, 1932

I last saw him alive on Jan 3, 1932 Death is said to have occurred on the date stated above, at 4 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of tongue	Feb 1931

45B

Other contributory causes of importance:

Metastases

Name of operation Resection glands Date of Dec 1931

What test confirmed diagnosis? Microscopic Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury (1)

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Lawrence P. Engel, M. D.

(Address) 1225 Prof. Bldg

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very impor