

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

Do not use this space.

4521

1. PLACE OF DEATH  
 County Jackson Registration District No. 398  
 Township Blue Primary Registration District No. 3019  
 City Independence (No. Independence Sanitarium) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Baby Richardson  
 (a) Residence, No. 234 N. Oxford (Fairmount Station) Ward. Kansas City, Mo.  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 0 yrs. 0 mos. 2 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) Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-26-1932

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
0 0 2

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. XXXXXXXX

10. Date deceased last worked at this occupation (month and year) XXXXXX 11. Total time (years) spent in this occupation XXXX

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

13. NAME Curtis Richardson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Salem Arkansas

15. MAIDEN NAME Leona Harleman

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

17. INFORMANT Curtis Richardson  
 (ADDRESS) 234 N. Oxford

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Washington DATE 2-29-32

19. UNDERTAKER (ADDRESS) H. W. STAHL, 815 W. Maple Ave.

20. FILED Feb. 29 1932 J. L. Cook Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-28-1932 1932

22. I HEREBY CERTIFY, That I attended deceased from DEPUTY CORONER, to \_\_\_\_\_, 1932.

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 1932. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

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

Stasis of Circulation  
110 Secs  
150  
 Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 1932  
 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 \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_ (Signed) E. J. Jennings, M. D.  
 (Address) Independence Mo

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.

MAR 23 1932

