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.

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

Do not use this space.

19484

1. PLACE OF DEATH
County JACKSON — Registration District No. 399 — File No.
Township KAW — Primary Registration District No. 002 — Registered No. 2588
City KANSAS CITY (No. ST. MARY'S HOSPITAL St. Ward)

2. FULL NAME MRS. CATHERINE RICHARDSON
(a) Residence, No. 2316 ELMWOOD St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: FEMALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF CHARLES L. RICHARDSON

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JUNE-27-1880

7. AGE: YEARS 51 — MONTHS 11 — DAYS 10 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSEWIFE
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. AT HOME 23
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) KANSAS CITY (STATE OR COUNTRY) MISSOURI

FATHER
13. NAME THOMAS F. REDMAN
14. BIRTHPLACE (CITY OR TOWN) PLATTE CITY (STATE OR COUNTRY) MISSOURI

MOTHER
15. MAIDEN NAME MARY J. SHEPHERD
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MISSOURI

17. INFORMANT MR. C. L. RICHARDSON (ADDRESS) 2316 ELMWOOD AVE

18. BURIAL, CREMATION, OR REMOVAL
PLACE MT. MORIAH DATE JUNE-9 1932

19. UNDERTAKER D. W. NEWCOMER'S SONS (ADDRESS) KANSAS CITY, MISSOURI

20. FILED 6/7 1932 M. M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JUNE-7 1932

22. I HEREBY CERTIFY, That I attended deceased from May 21 1932, to June 7 1932
I last saw her alive on June 7 1932 Death is said to have occurred on the date stated above, at 1:55 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
9 A.P.	
8 Bacterial Endocarditis	

Other contributory causes of importance: Cerebral Embolism (involving the medulla)

Name of operation — Date of —
What test confirmed diagnosis? — 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 —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Max Feldman, M. D.
(Address) Med Arts Bldg
Kc Mo

Dr. Max Solomon
1014 Medical Arts Bldg
1-4