

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

Do not use this space.

27773

1. PLACE OF DEATH

County..... Registration District No.....

Township..... Primary Registration District No.....

City St. Louis (No. City Hospital No. 1)

7570

2. FULL NAME

James Richardson

(a) Residence, No. 4226 Enright St. 19 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 4 yrs. - mos. - ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No.....

Registered No. 7601

St. Ward

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 25-1888

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>44</u>	<u>6</u>	<u>21</u>	

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 104

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Edwardo

13. NAME Sony Richardson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown North Carolina

15. MAIDEN NAME Molly Davis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Mississippi

17. INFORMANT (ADDRESS) Hospital information

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Ok. DATE Aug 22, 1932

19. UNDERTAKER (ADDRESS) Charles J. Gath

20. FILED 4115 211 1932 19. Clay Starkley Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 16th, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug. 3rd, 1932, to Aug. 16, 1932

I last saw him alive on Aug. 16, 1932 - Death is said to have occurred on the date stated above, at 7:00 a.m.

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

Chronic Myocarditis

Date of onset 9-3-32+

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis? Clinical 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?.....

If so, specify.....

(Signed) Arthur A. Jones, M. D.

(Address) City Hospital

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.

12/1/19