

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

Do not use this space.

39695

1. PLACE OF DEATH

County JACKSON Registration District No. 399
 Township KAW Primary Registration District No. 1008
 City KANSAS CITY (No. 1101-EAST-11TH ST-APT-17-2ND FLOOR) Registered No. 4701 Ward

2. FULL NAME WILLIAM G. RICHARDSON

(a) Residence, No. 1101-EAST-11TH St., Ward. (If nonresident, give city or town and State)
 (Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. 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) MARRIED
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF) MRS. STELLA RICHARDSON
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAY-3-1882
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
50 | 7 | 7 | | |
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. CANDY SALESMAN
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 172
 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) KANSAS

FATHER 13. NAME J. W. RICHARDSON

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KENTUCKY

MOTHER 15. MAIDEN NAME UNKNOWN KELLY

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

17. INFORMANT MISS HELEN RICHARDSON (ADDRESS) 1101-EAST-11TH ST

18. BURIAL, CREMATION, OR REMOVAL PLACE BETHEL, KANSAS DATE DECEMBER-13-1932

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

20. FILED 12-12-32 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) DECEMBER-10, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1932 to Dec 8, 1932
 I last saw him alive on Dec 8, 1932 Death is said to have occurred on the date stated above, at 9:02 P. m.
 The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia

108 108

Other contributory causes of importance:

Name of operation none Date of _____
 What test confirmed diagnosis Physically 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? _____
 If so, specify _____

(Signed) Edw. J. Murphy, M. D.
 (Address) 303 S. Main St. St. Louis

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.

Shubert Bldg. 14. C. Fruit Hospital

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