

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

Do not use this space.

20996

**1. PLACE OF DEATH**

County Lawrence Registration District No. 467 File No. \_\_\_\_\_  
 Township Aurora Primary Registration District No. 4280 Registered No. 34  
 City Aurora (No. 404 West Myrtle) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME Robert Gaston Richardson**

(a) Residence, No. 404 Myrtle St. \_\_\_\_\_ 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 <b>Male</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ( <i>write the word</i> ) <b>Married</b>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Fanny Broadway Richardson</b>			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>Nov. 22-1863</b>			
7. AGE <b>70</b>	YEARS <b>6</b>	MONTHS <b>21</b>	DAYS IF LESS than 1 day, .....hrs. or .....min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>Glass Mfg</b>		
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <b>Retired</b>		
	11. Total time (years) spent in this occupation		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Monroe Louisiana</b>			
FATHER	13. NAME <b>Col. Robert Richardson</b>		
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Unknown</b>		
MOTHER	15. MAIDEN NAME <b>Fanny Gaston</b>		
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Unknown</b>		
17. INFORMANT <b>Lionel Richardson</b> (ADDRESS) <b>Aurora Mo.</b>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>Aurora Mo</b> DATE <b>June 13 1934</b>			
19. UNDERTAKER <b>King Funeral Home</b> (ADDRESS) <b>Aurora Mo.</b>			
20. FILED <b>6-12 1934</b> <b>Dr. H. E. Brown, Jr.</b> Registrar.			

**MEDICAL CERTIFICATE OF DEATH**

1. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 12 1934**

2. I HEREBY CERTIFY That I attended deceased from Mar. 20, 1934, to June 12, 1934  
 I last saw him alive on June 11, 1934. Death is said to have occurred on the date stated above, at 10.03m.  
 The principal cause of death and related causes of importance were as follows:  
**Cerebral apoplexy**  
*uncertain as to date*  
 Date of onset \_\_\_\_\_

Other contributory causes of importance:  
**none**

Name of operation none 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? no  
 If so, specify \_\_\_\_\_  
 (Signed) Thomas D. Miller, M. D.  
 (Address) Aurora, Mo

WRITE PLAINLY, WITH 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.

JUL 13 1934

2

31

31

