MAY 2 9 1935

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

Do not use this space.

13145

1848

1. PLACE OF DEATH
County Jackson
Township [illegible]
City K. C. Mo (No. 1002, East 14 St. Ward)
Registration District No.
Primary Registration District No.
File No.
Registered No.

2. FULL NAME Raymond J. Richardson
(a) Residence, No. 1002 East 14 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 Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec-30-1934

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
No	3	28	

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) K. C. Mo

FATHER
13. NAME Chas. Richardson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) K. C. Mo

MOTHER
15. MAIDEN NAME Kate Bousman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

17. INFORMANT (ADDRESS) Chas Richardson 1002 East 14

18. BURIAL, CREMATION, OR REMOVAL
PLACE Maple Hill DATE May 2, 1935

19. UNDERTAKER (ADDRESS) A. P. Doehler 1415 East 15

20. FILED 5-1, 1935 M. M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 29, 1935

22. I HEREBY CERTIFY, THAT I attended deceased from Deputy Chorus, 19.... to ....., 19....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 6 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic hyperplasia	
Status Lymphaticus	

Other contributory causes of importance: 67

Name of operation Autopsy Date of
What test confirmed diagnosis? Was there an autopsy?

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) [illegible], M. D.
(Address) [illegible]

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.