JAN 13 1936

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

Do not use this space.

38079

**1. PLACE OF DEATH**

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1008

City ..... (No. City Hosp #1 ..... St. ..... Ward)

File No. 10096

Registered No. .....

**2. FULL NAME** Lester F. Richardson

(a) Residence, No. ~~City Hosp #1~~ St. 1501 Lafayette 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. 23 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: Mary Richardson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec 13th 1899

7. AGE: YEARS 35 MONTHS 11 DAYS 15 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Mechanic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Auto
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): Kansas City

FATHER

13. NAME: Fred Richardson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER

15. MAIDEN NAME: Nellie Hatfield
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Mrs. Mary Richardson 1501 Lafayette

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Moberly DATE: Dec 1st 35, 19

19. UNDERTAKER (ADDRESS): Albert Hoppe 429 N. Eucleid Ave.

20. FILED: DEC -2 1935, 19 J F Bredick Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from 4-18-, 1935, to 11-28, 1935

I last saw him alive on 11-28-35, 19..... Death is said to have occurred on the date stated above, at 3:30 p.m.

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

| | Date of onset |
|---|---|
| CARCINOMA OF THE FACE | 4-1-35 |
| 52 | |
| Other contributory causes of importance: | |
| PNEUMONIA-(LOBAR) | 11-25-35 |

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

What test confirmed diagnosis? BIOPSY Was there an autopsy? YES

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) R. Siegert, M.D.

(Address) City Hospital

96004

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

Do not use this space.

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

**1. PLACE OF DEATH**

County..... Registration District No. 791

Township..... Primary Registration District No. 1003

City St Louis (No. City Hosp No 1 St. ..... Ward)

File No.....

Registered No. 10096

**2. FULL NAME** Lester J. Richardson

(a) Residence, No. 1501 Lafayette 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 M | 4. COLOR OR RACE W | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) M

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE

| YEARS | MONTHS | DAYS | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 35 | 11 | 15 | |

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).....

FATHER

13. NAME.....

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

MOTHER

15. MAIDEN NAME.....

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

SUPPLEMENTARY

17. INFORMANT..... (ADDRESS).....

18. BURIAL, CREMATION, OR REMOVAL

PLACE..... DATE..... 19....

19. UNDERTAKER..... (ADDRESS).....

20. FILED 2-4- 1936 J. A. Brebeck Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 28. 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at .....m.

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

| | Date of onset |
|---|---|
| Carcinoma of face | |
| (no further information available) | |

Other contributory causes of importance:

| | |
|---|---|
| Pneumonia lobar | |

Name of operation..... 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) R. Dwight, M. D.

(Address) City Hosp #1

S-38079