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.

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

APR 21 1936

Do not use this space.

6762

1. PLACE OF DEATH
County Macon
Township
City Macon (No. ..... St. ..... Ward)

Registration District No. 533
Primary Registration District No. 3027

File No.
Registered No. 42

2. FULL NAME Leonard Richardson

(a) Residence, No. ..... 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 W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 25 - 1878

7. AGE YEARS 57 MONTHS 8 DAYS 1 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor
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) Mo.

FATHER
13. NAME John C. Richardson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson City N.C.

MOTHER
15. MAIDEN NAME Bettie Sumpter
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

17. INFORMANT (ADDRESS) Mr Gussie Richardson Macon, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE March 1st DATE Woodlawn Macon, Mo

19. UNDERTAKER (ADDRESS) Stephens & Goodding Macon, Mo

20. FILED 4/10, 1936 Leota Newton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-28-, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 29th, 1936, to Feb. 28, 1936
I last saw him alive on Feb 28, 1936. Death is said to have occurred on the date stated above, at 1 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hist Pneumonia	
Labor	

Other contributory causes of importance:

108

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 A. McKenna
(Signed) ....., M. D.
(Address) Macon Mo