APR 8 1934

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

Do not use this space.

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. 9632

Township Kaw — Primary Registration District No. 1062 — Registered No. [illegible]

City Kansas City (No. 4224, Bell Street St. Ward)

2. FULL NAME John L. Richardson

(a) Residence, No. 4224 Bell St. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 19, 1914

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	23	0	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Furniture repairer

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) Kansas City, Missouri

FATHER

13. NAME John G. Richardson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Camden Co. Missouri

MOTHER

15. MAIDEN NAME Bertha Stoner

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sedgwick Co. Kansas

17. INFORMANT (ADDRESS) John G. Richardson 4224 Bell

18. BURIAL, CREMATION, OR REMOVAL

PLACE Forest Hill DATE March 19, 1937

19. UNDERTAKER (ADDRESS) Gates Funeral Home Kansas City, Kansas

20. FILED Mar 18, 1937 M. M. Crowe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 15, 1937, to March 17, 1937

I last saw him alive on March 17, 1937. Death is said to have occurred on the date stated above, at 2 A m.

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

	Date of onset
Bronchial Pneumonia	3/16/37
Rheumatic Heart Disease	1924
Mitral Stenosis	1924

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? 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) Margaret Lincoln Dale, M. D.

(Address) 615 Argyle Bldg., K.C. Mo.

Dr. Margaret L. Dale
4229 Oak St. 1st fl. south