

JUL 26 1937
265

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

Do not use this space.

1. PLACE OF DEATH

85

23234

County Registration District No. 100
Township Primary Registration District No. 100
City (No. State Hospital # 2 St. Ward)

2. FULL NAME

Thomas Richardson

(a) Residence, No. St. Joseph Mo. St. Ward. (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

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 23, 1937

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

22. I HEREBY CERTIFY, that I attended deceased from Feb 20, 1937, to June 23, 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Est 1861

I last saw him alive on June 23, 1937. Death is said to have occurred on the date stated above, at 1:02 P.M.

7. AGE YEARS 76 MONTHS DAYS If LESS than 1 day, hrs. or min.

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

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

Ch. heart disease
Chronic myocarditis
Other contributory causes of importance: A/S
Date of onset

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unk. known 31

13. NAME FATHER 31

Name of operation Date of
What test confirmed diagnosis? Blue - Was there an autopsy? Yes

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 31

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 19...

15. MAIDEN NAME MOTHER 31

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MOTHER 31

Manner of injury Nature of injury

17. INFORMANT State Hospital Records (ADDRESS)

24. Was disease or injury in any way related to occupation of deceased? No

18. BURIAL, CREMATION, OR REMOVAL PLACE State Hosp. Cem DATE June 25, 1937

If so, specify (Signed) J. R. Beunak M. D. (Address) State Hosp # 2

19. UNDERTAKER Heaton-BeGole & Bowman (ADDRESS) St. Joseph, Missouri

20. FILED June 25, 1937 J. J. Mitchell Registrar

95B

1951

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan Registration District No. 85-
 Township St. Joseph Primary Registration District No. 1001
 City St. Joseph (No. _____) St. _____ Ward _____

File No. 23234
 Registered No. _____

2. FULL NAME Thomas Richardson

(a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S

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. Est 76

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) _____

13. NAME _____

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

15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19 _____

19. UNDERTAKER (ADDRESS) _____

20. FILED 6/25 19 37 J. H. Matthews Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6 - 23 - 1937

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

I last saw _____ 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:

Ch. Heart disease
Chronic Myocarditis

Date of onset _____

Other contributory causes of importance: _____

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) J. H. Punch, M. D.

(Address) State Hosp # 2

SUPPLEMENTAL

ABC

1870-5