AUG - 5 1937

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

Do not use this space.

File No. 25653
Registered No. 6827

1. PLACE OF DEATH HOMER G PHILLIPS HOSPITAL

County ..... Registration District No. 791

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

City St. Louis (No. 2601, N Whittier St. ..... Ward)

2. FULL NAME James Richardson

(a) Residence, No. 3936a Cook, Apt. 6 St., // Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 28 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: Col.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Etta Mae Richardson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 29, 1898

7. AGE: Years 38 Months 9 Days 14 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Avolon Hotel

10. Date deceased last worked at this occupation (month and year) Dec. 36

11. Total time (years) spent in this occupation 5 yrs

12. BIRTHPLACE (CITY OR TOWN) Columbus (STATE OR COUNTRY) Mississippi

FATHER

13. NAME Bryant Richardson

14. BIRTHPLACE (CITY OR TOWN) Green County (STATE OR COUNTRY) Alabama

MOTHER

15. MAIDEN NAME Minnie Petty

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

17. INFORMANT Evelyn Williams (ADDRESS) 2601 N Whittier

18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington Park DATE July 16th 1937

19. UNDERTAKER Charles J. Oates (ADDRESS) 4107-09 Finney Avenue

20. FILED JUL 16 1937 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 3, 1937, to July 13, 1937.
I last saw him alive on July 13, 1937. Death is said to have occurred on the date stated above, at 5:24 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	6/3/37

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? clinical 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? .....
If so, specify .....

(Signed) A. L. Lewis, M. D.
(Address) 2601 N Whittier

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.