

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

Do not use this space.

**NOV 23 1937**

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**1. PLACE OF DEATH**

County St Louis Registration District No. 1123  
 Township Carondelet Primary Registration District No. 6248 B  
 City East (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Edward Richardson

(a) Residence, No. 4028 A Fairfax 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. 7 mos. 2 Qrs. How long in U. S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary O'Brien Richardson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 30 1899

7. AGE YEARS 38 MONTHS 2 DAYS 7 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur + General 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) July 1936 (W.P.A.) 11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Memphis Tenn

13. NAME Elijah Richardson

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

15. MAIDEN NAME Martha Anne Hughes

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

17. INFORMANT Roch Hospital Record  
 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Washburn Park Oct 11, 1937

19. UNDERTAKER F. B. Mannel Undertaker  
 (ADDRESS) 4057 Finney Ave

20. FILED Oct. 9, 1937 L. M. Mowery  
 Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 17, 1937 to Oct 7, 1937

I last saw him alive on Oct 6, 1937. Death is said to have occurred on the date stated above, at 2:20 A.M.

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

Pulmonary Tuberculosis Date of onset Feb 1936  
Tuberculosis of Larynx ?  
Spontaneous Pneumothorax Sept 27 1937  
due to tuberculosis

Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Specimen 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) Paul Murphy, M. D.  
 (Address) Roch Mo

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.

96

OCCUPATION  
FATHER  
MOTHER

1/1/1914