

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

Do not use this space.

REC'D MAY 9 1938

13838
1818

1. PLACE OF DEATH
 County Jackson Registration District No. 399
 Township Kaw Primary Registration District No. 1062
 City Kansas City (No. 410 N Elmwood) St. _____ Ward _____

2. FULL NAME Mary Richardson 263
 (a) Residence, No. 410 N Elmwood 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 Fe 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 29 - 1848

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>90</u>	<u>1</u>		

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

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) Ohio

MOTHER FATHER

13. NAME Mrs Richardson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

15. MAIDEN NAME Evelyn Schaffer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

17. INFORMANT Mrs Jennie Baker
(ADDRESS) 410 N Elmwood

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Edger, Mo. DATE May 1 1938

19. UNDERTAKER Rose Henderson
(ADDRESS) 100 Jackson

20. FILED Apr 20 1938 M. M. Brown
Registrar. 361

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 29 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 10 1937, to Apr 29 1938
 I last saw h. u. alive on Apr 28 1938. Death is said to have occurred on the date stated above, at 5:10 p.m.
 The principal cause of death and related causes of importance were as follows:
Chr. Myocarditis
Chr. Myelogenous Leukemia
72a
 Date of onset _____

Other contributory causes of importance:
Senility

Name of operation _____ Date of _____
 What test confirmed diagnosis? Chr. t. Lab. 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) William _____ M. D.
 (Address) 10307 Lidyp Ave Nemo

