

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

Do not use this space.

1694

File No. _____
Registered No. **382**
St. _____ Ward _____

1. PLACE OF DEATH

County Jackson
Township Jackson
City Jackson City No. 42C Gen Hosp

Registration District No. 399
Primary Registration District No. 1602

2. FULL NAME

Mary Richardson 263
(a) Residence, No. 4305 Norton St. Ward. _____
(Usual place of abode)
Length of residence in city or town where death occurred 50 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 7. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 25 1881

7. AGE YEARS 56 MONTHS 7 DAYS 22 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. none
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) Yes.

13. NAME Ziska

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

15. MAIDEN NAME Unknown

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

17. INFORMANT James Richardson (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Wt Washington DATE Jan. 20 1938

19. UNDERTAKER Cats & Sons Funeral Home (ADDRESS) Sharon Ave.

20. FILED Jan 24 1938 M. M. Grove Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 17 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 7 1938 to Jan 17 1938

I last saw deceased alive on Jan 17 1938 Death is said

to have occurred on the date stated above, at 3:30 PM

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

Thrombosis of Brain Date of onset _____

Basilar artery; En-

cephalomalacia

Other contributory causes of importance: 82B

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

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) P. F. De Maria M. D.

(Address) Dept 12C Gen Hosp Kc

RECEIVED

FEB 1 1938

BUREAU OF VITAL STATISTICS
MO. STATE BOARD OF HEALTH

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

1694
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township H.C. mo Primary Registration District No. 1062
(c) City H.C. mo (d) Street No. _____ St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. _____ St. ☐ (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) mar

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

James H. Richardson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 25-1881

7. AGE YEARS 56 MONTHS 7 DAYS 22 If LESS than 1 day, _____ hrs. or _____ min.

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

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

Housewife

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)

Everett Kansas

13. NAME

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

15. MAIDEN NAME

Mary Ziskind

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

17. INFORMANT (ADDRESS)

James H. Richardson

18. BURIAL, CREMATION, OR REMOVAL

PLACE West Washington DATE Jan. 20 1938

19. FUNERAL DIRECTOR (ADDRESS)

Carlo + Speck Funeral Home

20. FILED

Jan 24 1938 Dr. J. A. Brown
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 17 1938

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

I last saw him alive on _____, 19____. Death is said to have occurred on the day stated above, at _____ m.

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

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) P. J. De Maria M. D.

(Address) St. Louis Hosp

REPUBLIC OF THE PHILIPPINES
BUREAU OF INVESTIGATION
OFFICE OF THE DIRECTOR

INVESTIGATION REPORT

1. Name of Subject

2. Date of Birth

3. Place of Birth

4. Present Address

5. Previous Addresses

6. Education

7. Occupation

8. Social History

9. Physical Description

10. Character and Habits

11. References

12. Remarks

13. Signature of Investigator

14. Date of Report

15. Place of Report

16. Name of Reporting Officer

17. Rank of Reporting Officer

18. Division of Reporting Officer

19. Date of Assignment

20. Place of Assignment

21. Name of Assigning Officer

22. Rank of Assigning Officer

23. Division of Assigning Officer

24. Date of Report

25. Place of Report

26. Name of Reporting Officer

27. Rank of Reporting Officer

28. Division of Reporting Officer