

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

Do not use this space.

22515

1. PLACE OF DEATH

County St. Charles Registration District No. 757
 Township _____ Primary Registration District No. 3036
 City St. Charles (No. St. Geo. Hoop) St. _____ Ward _____

File No. _____
 Registered No. 89

2. FULL NAME

James Strather Richardson

(a) Residence No. _____ St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. 10 mos. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (write name) Clendennis Richardson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 8 1878

7. AGE YEARS MONTHS Days If LESS than 1 day, _____ hrs. or _____ min.
53 10 26

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Medical Doctor
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Quensville
 (STATE OR COUNTRY) Mo.

10. NAME OF FATHER Strather Richardson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Quensville
 (STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Johnson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Quensville
 (STATE OR COUNTRY) Mo.

14. INFORMANT Charles Richardson
 (Address) Wentzville Mo.

15. FILED 4/4 19 31 H. B. Bloebauer
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 3 1931

17. HEREBY CERTIFY, That I attended deceased from May 2, 1931, to June 3, 1931, that I last saw him alive on June 3/31, 1931, and that death occurred, on the date stated above, at 9:15 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar pneumonia
108
1208 / 108
930 (duration) _____ yrs. _____ mos. _____ da.

CONTRIBUTORY (SECONDARY) Myocarditis and
urshon of liver (duration) 5 yrs. _____ mos. _____ da.

18. WHERE WAS DISEASE CONTRACTED _____
 IF NOT AT PLACE OF DEATH St. Joseph's Hosp. St. Charles Mo.

19. DID AN OPERATION PRECEDE DEATH? No DATE OF _____

20. WAS THERE AN AUTOPSY? No

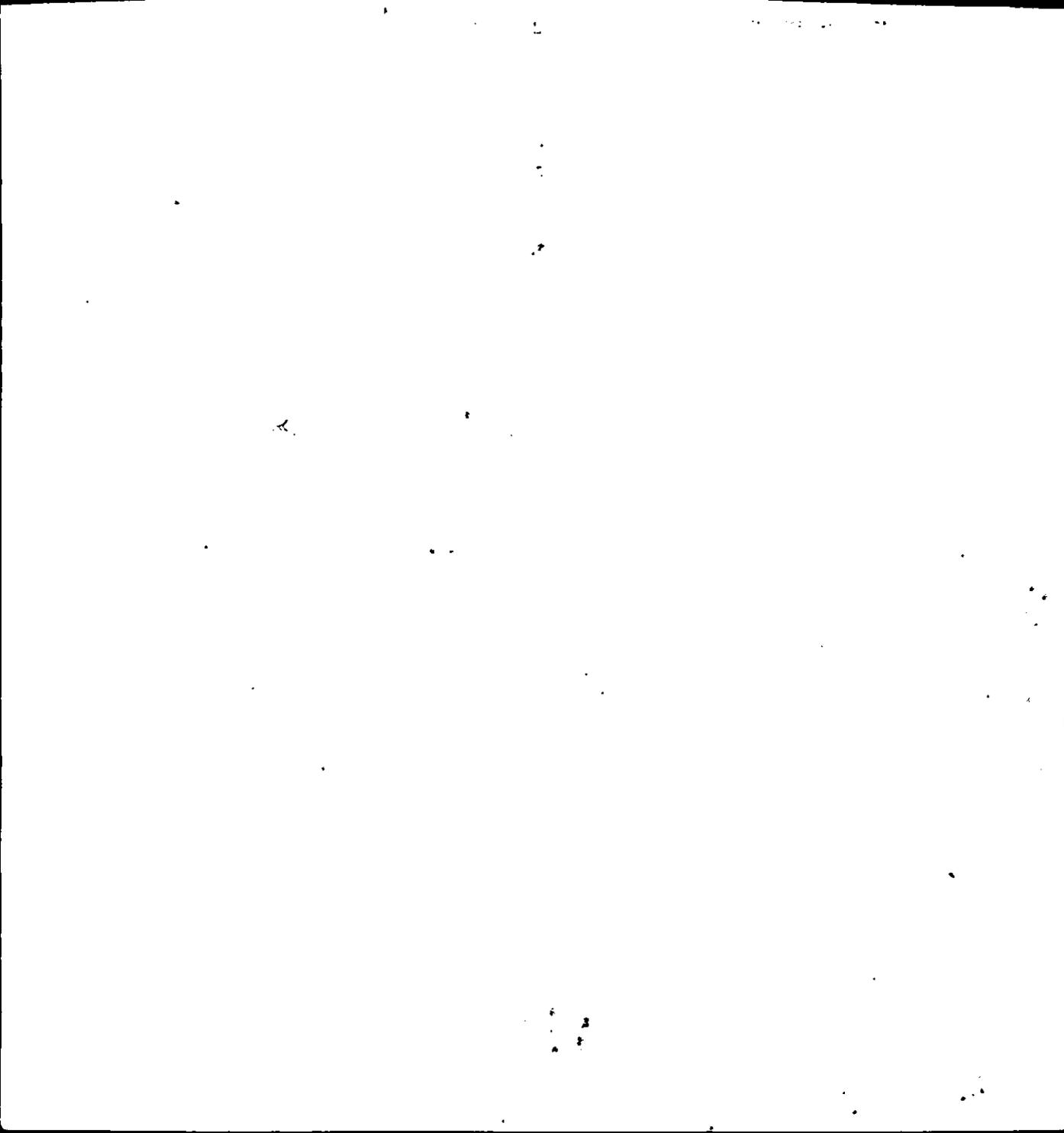
WHAT TEST CONFIRMED DIAGNOSIS? clinical
 (Signed) Ben J. Galbraith, M. D.
4/3, 19 31 (Address) St. Charles Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Quensville Mo. DATE OF BURIAL June 5 1931

20. UNDERTAKER H. B. Bloebauer ADDRESS _____

MO-2-01-2-2



5-22515