8-84—100M 15-4665-8

STATE OF KANSAS 1-10

State Board of Health—Division of Vital Statistics

STANDARD CERTIFICATE OF DEATH

Do not write 6403 in this space

1. PLACE OF DEATH: County Cass 2 160

19 Township West Dolan 1 Registered No. 4099

or City West Line Mo No. ....., ... St., ... Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Forrest Richardson 263

(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 ....yrs....mos....ds. How long in U. S., if of foreign birth? ....yrs....mos....ds.

Was deceased ever a member of the Army, Navy, or Marine Corps of the United States? .....

If so, state Organization ..... Rank ..... Period of service .....

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	W	married

5a. If marred, wdowed, or divorced HUSBAND of (or) ~~WIFE of~~ Marcella Richardson

6. DATE OF BIRTH (month, day, year) Oct 20-1871

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
66	4	2	

OCCUPATION

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

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

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) Jackson Co Mo

FATHER

13. NAME WM Henry Richardson

14. BIRTHPLACE (city or town) (State or country) Ky.

MOTHER

15. MAIDEN NAME Letha Wilkerson

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT (Address) C. P. Richardson West Line Mo

18. BURIAL, CREMATION, OR REMOVAL Place Glenn Wild Date Feb 24, 1938

19. UNDERTAKER (Address) Geo Myers Cleveland Mo

20. FILED Feb-24 1938 Mary Meader Registrar.

MEDICAL CERTIFICATE OF DEATH 2/22/38

21. DATE OF DEATH (month, day, and year) Feb 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 24 1938, to Feb-22 1938

I last saw him alive on 2-22-1938, death is said to have occurred on the date stated above at 5P m.

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

	Date of onset
Aortic insufficiency	1920
Myocarditis	1935
Pneumonia-Lobar	2-21-38

Contributory causes of importance not related to principal cause:

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? No

If so specify .....

(Signed) W. A. Moore M. D.

151 (Address) Cleveland Mo

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of vigorous pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel,* etc. For person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver,* etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill,* etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer,* etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist,* etc. Distinguish carefully between *retail merchants and wholesale merchants.* A person who sells goods should be called a *salesman* and not a *clerk.*

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.,* heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases or injuries. Examples:

EXAMPLE I

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	
Fracture of arm	
Automobile accident	*May 3, 1927*

EXAMPLE II

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Contributory causes of importance not related to principal cause:	
Influenza	*6 weeks ago*

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in each of the above examples happens to be the second cause given.

ADDITIONAL SPACE FOR FURTHER STATEMENT BY PHYSICIAN

.....

.....

.....