

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

1 PLACE OF DEATH

County *Saline*
Township *Granville*
or
Village
or
City

Registration District No. *795* File No. *43640*
Primary Registration District No. *6038* Registered No. *17*
(NO. St. Ward)

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

2 FULL NAME *Morris Lee Richards*

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Male* 4 COLOR OR RACE *white* 5 SINGLE MARRIED WIDOWED OR DIVORCED (If Write the word) *single*
6 DATE OF BIRTH *Aug 25 1917*
(Month) (Day) (Year)

7 AGE *1* yrs. *3* mos. *22* ds. IF LESS than 1 day...hrs or...min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work *at home*
(b) General nature of industry business, or establishment in which employed (or employer)

9 BIRTHPLACE (City or town, State or foreign country) *Saline Co Mo*

10 NAME OF FATHER *Ruben Richards*
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) *Victoria Co Mo*
12 MAIDEN NAME OF MOTHER *Gertrude Meadows*
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) *Ky*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) *Ruben Richards*
(Address) *Mallet Bend Mo*

15 Filed *Nov 17 1918* *W. A. Slusher*
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *Nov 16 1918*
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from *Nov 7 1918* to *Nov 16 1918*
that I last saw him alive on *Nov 15 1918*
and that death occurred, on the date stated above, at *11 P.* m.

The CAUSE OF DEATH* was as follows:
Enteric Colitis
1193 104
(Duration) yrs. mos. *9* ds.

CONTRIBUTORY *Marsasmus*
(Secondary) (Duration) yrs. mos. ds.
(Signed) *A. P. Brown* M. D.
Nov 17 1918 (Address) *Mallet Bend Mo*

*State the Disease Causing Death, or, in death from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death... yrs. mos. ds. In the State... yrs. mos. ds.
Where was disease contracted if not at place of death?
Former or usual residence.

19 PLACE OF BURIAL OR REMOVAL *Mallet Bend* DATE OF BURIAL *Nov 17 1918*

20 UNDERTAKER *Slusher Son* ADDRESS *Mallet Bend Mo*

