

OCT 24 1927

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

Do not use this space.

26398

1. PLACE OF DEATH

County Archair  
Township Sallaway  
City Muriet

Registration District No. 26  
Primary Registration District No. 3002  
(No. 522 East Beekmantown St. \_\_\_\_\_ Ward)

File No. \_\_\_\_\_  
Registered No. 124

2. FULL NAME Edward Junior Richmond

(a) Residence No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

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

PERSONAL AND STATISTICAL PARTICULARS

5. MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE Black 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 7 1927

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

17. I HEREBY CERTIFY, That I attended deceased from Sept 1 1927 to Sept 7 1927 that I last saw him alive on Sept 7 1927 and that death occurred, on the date stated above, at 10:20 a.m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 22 1929  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
1 11 17

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
sublimation of elements  
malaria with  
convulsions  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 4 da.

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

CONTRIBUTORY (SECONDARY) disentery  
rage front (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 8 da.

9. BIRTHPLACE (CITY OR TOWN) Martinsburg  
(STATE OR COUNTRY) WV

18. WHERE WAS DISEASE CONTRACTED  
IF NOT IN PLACE OF DEATH \_\_\_\_\_  
DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? no

10. NAME OF FATHER James Edward Richmond

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Sallaway  
(STATE OR COUNTRY) WV

12. MAIDEN NAME OF MOTHER Allie Brown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Sallaway  
(STATE OR COUNTRY) WV

WHAT TEST CONFIRMED DIAGNOSIS  
(Signed) A. S. Rittke, M. D.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mexico  
DATE OF BURIAL 9-9 1927

14. INFORMANT Alcie Redmond  
(Address) Muriet WV

15. Sept 8 1927 Ira S. Milligan  
REGISTRAR

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

20. UNDERTAKER H. A. Beck  
ADDRESS Muriet WV

M. 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.

