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

Do not use this space.

26439

File No. .....

Registered No. 18

1. PLACE OF DEATH

County: Benton

Township: Williams

City: Cole Camp (No. ....., ... St. ..... Ward)

Registration District No. 59

Primary Registration District No. 4034

2. FULL NAME Henry Richter

(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.

2

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 10-21-1854

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	72	10	12	

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

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Ill.

PARENTS

10. NAME OF FATHER Henry Richter

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

12. MAIDEN NAME OF MOTHER Sophia Braumiller

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

14. INFORMANT George C Richter
(Address) Lincoln Mo

15. FILED Oct 1, 1927. Harry Bay, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9-3 1927

17. I HEREBY CERTIFY, That I attended deceased from Aug. 21, 1927, to Sept 3, 1927 that I last saw ~~living~~ alive on Sept 3, 1927, and that death occurred, on the date stated above, at 10:15 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Mitral Lesion
92A
122B (duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Impaction of Bowels
..... (duration) ..... yrs. ..... mos. 13 ds.

18. WHERE WAS DISEASE CONTRACTED
*IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? no DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Harry Bay, M. D
Sept 4, 1927 (Address) Cole Camp 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: Northern Lincoln — DATE OF BURIAL: 9-6 1927

20. UNDERTAKER: E. L. Eckhoff — ADDRESS: Cole Camp Mo

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.

12 4 1927