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

Do not use this space.

9096

1. PLACE OF DEATH
County Jackson — Registration District No. 395 — File No.
Township Kaw — Primary Registration District No. 1002 — Registered No. 773
City K.C. Mo. (No. 909 Penn Avenue St. Ward)

2. FULL NAME Earl T. Richey
(a) Residence. No. 909 Penn 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.

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 (OR) WIFE OF Mattie Richey

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mch-22-186

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
66	11	27	

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

PARENTS
10. NAME OF FATHER Unk Richey
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) N York
12. MAIDEN NAME OF MOTHER No Record
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

14. INFORMANT Mattie Richey
(Address) 909 Penn

15. FILED Mar 21, 1928 M M Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mch-19-1928

17. I HEREBY CERTIFY That I attended deceased from Mch 12, 1928, to Mch 19, 1928 that I last saw him alive on Mch 19, 1928, and that death occurred, on the date stated above, at 2:15 Am m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Mitral Stenosis
(duration) 5 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Pulmonary Oedema
(duration) yrs. mos. 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? none

3/19/ (Signed) A Miller, M.D.
, 1928 (Address) 717 Shukert Bldg

*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: Mt Moriah — DATE OF BURIAL: Mar 21 1928

20. UNDERTAKER: Mrs. C. L. Foster — ADDRESS: K.C. 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.

...NNEY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Dr. [illegible]
717 Shaker [illegible]
Ve 6844 5:pm