

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

Do not use this space.

31271

File No. 2  
Registered No. 137  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**1. PLACE OF DEATH**  
County Permiacot Registration District No. 655  
Township State Center Primary Registration District No. 5872  
City Steele (No. 439)

**2. FULL NAME** Charley Richards

(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.

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX** M **4. COLOR OR RACE** Colored **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** (write the word) Child

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

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)** Feb. 5 1925

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1	
				day, _____ hrs.	or _____ min.
	3	7	5		

**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 \_\_\_\_\_

**9. BIRTHPLACE (CITY OR TOWN)** Memphis  
(STATE OR COUNTRY) Tenn.

**10. NAME OF FATHER** Charley Richards

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)** Wilson  
(STATE OR COUNTRY) Ark

**12. MAIDEN NAME OF MOTHER** Thelma Jones

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)** Springpoint  
(STATE OR COUNTRY) Miss

**14. INFORMANT** \_\_\_\_\_  
(Address) \_\_\_\_\_

**15. FILED** 9-8-28 A. G. Simmons  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** Sept 12 1928

**17. I HEREBY CERTIFY, That I attended deceased from** 6 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

malarial fever

**CONTRIBUTORY (SECONDARY)**

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH: near Steele Mo

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_

(Signed) J. R. McDaniel, M. D.  
, 19\_\_\_\_ (Address) \_\_\_\_\_

\*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** \_\_\_\_\_ **DATE OF BURIAL** \_\_\_\_\_

**20. UNDERTAKER** \_\_\_\_\_ **ADDRESS** \_\_\_\_\_

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.

