EC 27 1929

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

Do not use this space.

35908

1. PLACE OF DEATH
County: Jackson — Registration District No.: 401
Township: ~~Blue~~ Van Buren — Primary Registration District No.: 5556
City: ..... (No. ..... St. ..... Ward)

File No. .....
Registered No. .....

2. FULL NAME: William Henry Rich

(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: 30 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

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.

PERMANENT RECORD

## 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: Mrs Elizabeth Rich

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct 23 - 1869

7. AGE: Years 59 | Months 0 | Days 4 | If LESS than 1 day, ..... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN): Jackson Co
(STATE OR COUNTRY): Mo.

PARENTS

10. NAME OF FATHER: Matthew Rich
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY): Unknown
12. MAIDEN NAME OF MOTHER: Eliza Faulkenberry
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY): Unknown

14. INFORMANT: Mrs Elizabeth Rich
(Address): Lone Jack Mo.

15. FILED Nov 11, 1928. Mrs Carl Hays
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 10-27-1928

17. I HEREBY CERTIFY, That I attended deceased from Oct 14, 1928 to Oct 27, 1928 that I last saw h. alive on Oct 26, 1928, and that death occurred, on the date stated above, at 2:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cholera 97
Nephritis 1156
(duration) yrs. mos. 13 ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis Chronic
Infected teeth (duration) yrs. 6. mos. ds.

18. WHERE WAS DISEASE CONTRACTED: Home
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Symptoms
(Signed) J. Blagsdale, M.D.
, 19 (Address) Lone Jack 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: Lone Jack Mo. — DATE OF BURIAL: 10-28 1928

20. UNDERTAKER: M. L. Schick Son — ADDRESS: Lee's S