

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

Do not use this space.

1. PLACE OF DEATH

County _____
Township _____
City St. Louis

Registration District No. 791
1003
Primary Registration District No. _____
(No. of Fort Bellmore)

File No. 23284
Registered No. 6763
St. _____ Ward _____

2. FULL NAME

Oscar Clayton Richey

(a) Residence No. _____ St. _____ Ward _____ Alton, Ill.
(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) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 6, 1895

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
33 6 17

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

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

10. NAME OF FATHER Steven Richey

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Jersey Co.
(STATE OR COUNTRY) Ill.

12. MAIDEN NAME OF MOTHER Matilda Fortin

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Calhoun Co.
(STATE OR COUNTRY) Ill.

14. INFORMANT Albert Richey
(Address) _____

15. FILED 1929 REGISTRAR _____

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 23 1929

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw him _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Smoking
18 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Whether accidental or intentional Not

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Ascertained

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) J. W. Jones, M.D.

6/25, 1929 (Address) Dep. Comm.

*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 St. Patrick's DATE OF BURIAL _____

Alton, Ill. 6-26 1929

20. UNDERTAKER J. A. Shank ADDRESS Alton, Ill.

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.

WRITE IN PENCIL, WITH FORWARDING INK—THIS IS A PERMANENT RECORD

237

2

