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

Do not use this space.

28167

1. PLACE OF DEATH

County Jefferson — Registration District No. 431 — File No.

Township Joachim — Primary Registration District No. 5545 — Registered No. 85

City Crystal City (No. ..... St. ..... Ward)

2. FULL NAME Richard Franklin Medley

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

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 Gertrude M. Medley

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 19 1867

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	62	0	23	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Machinist Helper

(b) General nature of industry, business, or establishment in which employed (or employer) Glass Manufactureing

(c) Name of employer Pittsburgh Plate Glass Co.

9. BIRTHPLACE (CITY OR TOWN) Hematite Mo.
(STATE OR COUNTRY) Jefferson

PARENTS

10. NAME OF FATHER Leon C. Medley

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

12. MAIDEN NAME OF MOTHER L. Ogle

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

14. INFORMANT Mrs Gertrude C Medley
(Address) Crystal City Mo.

15. FILED 1. 5. 1929 J. E. Kittedge REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 3, 1929

17. I HEREBY CERTIFY, That I attended deceased from Jany 1st, 1929, to Aug 3, 1929, that I last saw him alive on Aug 2, 1929, and that death occurred, on the date stated above, at 8 45 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Interstitial Pneumonia
114A

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 107A

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED?

IF NOT AT PLACE OF DEATH —

0 DID AN OPERATION PRECEDE DEATH? no DATE OF —

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. Donnell M. D.

Aug 3, 1929 (Address) Crystal City 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 Festus Missouri — DATE OF BURIAL Aug 4 1929

20. UNDERTAKER Duester & Vinyard — ADDRESS Festus Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

AUG 26 1929

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