

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

Do not use this space.

34386

**1. PLACE OF DEATH**

County Madison

Registration District No. 538

File No. ....

Township .....

Primary Registration District No. 3028

Registered No. ....

City Fredericktown (No. ....) St. .... Ward)

**2. FULL NAME**

Anthony Richey

(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

W.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Mary Ann Richey

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

Mar 10, 1845

7. AGE

YEARS 84

MONTHS 7

DAYS 10

IF LESS than 1 day, .... hrs. or .... min.

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)

(STATE OR COUNTRY)

Tenn.

10. NAME OF FATHER

Dempsey Richey

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Tenn.

12. MAIDEN NAME OF MOTHER

Nancy Armstrong

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Tenn.

14.

INFORMANT

(Address)

Ed Richey  
Fredericktown, Mo.

15.

FILED

Oct 21 1929  
C. H. Webb  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

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

Oct 20 1929

17.

I HEREBY CERTIFY, That I attended deceased from Oct 19, 1929, to Oct 20, 1929, that I last saw him alive on Oct 20, 1929, and that death occurred, on the date stated above, at..... m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Interstitial nephritis

1290 (duration) 2 yrs. .... mos. .... ds.

CONTRIBUTORY (SECONDARY)

Cystitis

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

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, .....

19. DID AN OPERATION PRECEDE DEATH? .....

DATE OF .....

20. WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) H. Harry Brown, M. D.

Oct 21 1929 (Address) Fredericktown 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

DATE OF BURIAL

Christian Ceme. Fredericktown

Oct 21 1929

20. UNDERTAKER

ADDRESS

Ed. H. Webb Fredericktown 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.

