

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

Do not use this space.

39393

1. PLACE OF DEATH

County Stoddard
Township Deeble
City Adrian (No.)

Registration District No. 834
Primary Registration District No. 6097

File No.
Registered No. 44
St. Ward)

2. FULL NAME J. M. Richmond

(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Married
(write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF Dianah Jenkins
~~(or) WIFE OF~~

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 13 1843

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	86	1	26	

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

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

10. NAME OF FATHER Benjamin Richmond

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

12. MAIDEN NAME OF MOTHER Matilda Carver

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

14. INFORMANT Hospital Records
(Address) Farmington, Mo.

15. FILED 11-11-1929 J. M. Kearley
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 9 1929

17. I HEREBY CERTIFY, That I attended deceased from Aug 18, 1929, to Nov 9, 1929.
that I last saw him alive on Nov 8, 1929, and that death occurred, on the date stated above, at 2:40 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Apoplexy
77401 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Arterio Sclerosis
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF

WHAT TEST CONFIRMED DIAGNOSIS? clinical
(Signed) P. S. Tate, M. D.

11-11-1929 (Address) Imp. # 4 Farmington 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 Deasont Hill Cem Mo DATE OF BURIAL 11-10-1929

20. UNDERTAKER Gloyd Morgan ADDRESS Adrian, 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.

THIS IS A PERMANENT RECORD

