

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

Do not use this space.

1763

N. E.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1. PLACE OF DEATH

County Lewis
Township Center
City Center (No.) (St.) (Ward)

Registration District No. 477
Primary Registration District No. 4286

File No.
Registered No. 3

2. FULL NAME

John James 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 (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Laura S. Richmond

6. DATE OF BIRTH (MONTH, DAY AND YEAR) January 20-1852

7. AGE: YEARS 77 MONTHS 1 DAYS 4 If LESS than 1 day, ___ hrs. or ___ min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Piquette Ohio

10. NAME OF FATHER Johnston Richmond

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

12. MAIDEN NAME OF MOTHER May Jane Glascock

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

14. INFORMANT (Address) J. Aubrey Richmond
LaBelle Mo

15. FILED 1-25, 1930 H. W. Harris REGISTRAR

MEDICAL CERTIFICATE OF DEATH

4
16. DATE OF DEATH (MONTH, DAY AND YEAR) January 24 1930
17.

I HEREBY CERTIFY, That I attended deceased from Jan 11, 1930, to Jan 24, 1930
that I last saw deceased alive on Jan 24, 1930 and that death occurred, on the date stated above, at LaBelle Mo.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Prostatic hyperplasia
prostatic hyperplasia
CONTRIBUTORY (SECONDARY) 105
(duration) 6 yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? Yes date of operation Jan 20 1930

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Prostatic hyperplasia
(Signed) J. H. Waggoner, M. D.
, 19 (Address) Center, 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 LaBelle Cemetery DATE OF BURIAL Jan 26 1930

20. UNDERTAKER James Carter ADDRESS LaBelle Mo

Woodman