

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

Do not use this space.

24000

1. PLACE OF DEATH

County Ray Registration District No. 914
Township Snake Trace Primary Registration District No. 6233
City Braymer (No. _____) St. _____ Ward _____

File No. _____
Registered No. 11

2. FULL NAME

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>wh</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Nettie Richey</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Feb. 16, 1856</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>74</u>	<u>4</u>	<u>17</u>	
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <u>Farmer</u> (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) Missouri

PARENTS	10. NAME OF FATHER <u>Robert Richey</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) <u>Penn</u>
	12. MAIDEN NAME OF MOTHER <u>Elia Smith</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) <u>Penn</u>

14. INFORMANT Russel Richey
(Address) Braymer, Mo

15. FILED July 8 1930 H E Gant REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 3 1930

17. I HEREBY CERTIFY, That I attended deceased from May 1, 1930, to July 3, 1930, that I last saw him alive on June 28, 1930, and that death occurred, on the date stated above, at 5-9 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocardial Insufficiency
92A
97

CONTRIBUTORY Probably General arteriosclerosis (duration) 10 yrs. mos. ds.
(SECONDARY) (duration) 15 yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? no. DATE OF _____
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS Clinical signs & symptoms
(Signed) Geo. S. Adairwell, M. D.

Jul 13, 1930 (Address) Braymer, 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 <u>Covergreen Cemetery</u>	DATE OF BURIAL <u>7/6</u> 19 <u>30</u>
20. UNDERTAKER <u>B. F. Mead</u>	ADDRESS <u>Braymer, Mo.</u>

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD
AUG 26 1930
V. S. NO. 2.

K. 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.

