

Oct 30 1930

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

Do not use this space.

30487

1. PLACE OF DEATH

County Madison  
Township Park  
City..... (No.....)

Registration District No. 508  
Primary Registration District No. 1042  
1729

File No.....  
Registered No.....  
St. .... Ward)

2. FULL NAME

Nicholas Richards

(a) Residence. No. .... St. .... Ward. ....  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mon. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) w.

5A. IF ~~MARRIED~~, WIDOWED, OR ~~DIVORCED~~ HUSBAND OF (OR) WIFE OF Ellen Richards

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 8 - 1862

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .... hrs. or .... min.  
78 | 6 | 27

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) Ste Genevieve  
(STATE OR COUNTRY) Mo.

10. NAME OF FATHER Frank Richards

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

12. MAIDEN NAME OF MOTHER Salma Marshall

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

14. INFORMANT Frank Richards  
(Address) Fredeshtown Mo. RR. 3

15. 8/30 1930 W. D. Dunt  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 6 - 1930  
17.

I HEREBY CERTIFY, That I attended deceased from Aug 1, 1930, to Sept 4, 1930 that I last saw him alive on Sept 4, 1930, and that death occurred, on the date stated above, at 11:20 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Carcinoma of Rectum  
46D (duration) 2 yrs. .... mos. .... ds.

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

18. WHERE WAS DISEASE CONTRACTED 45  
IF NOT PLACE OF BIRTH.....

19. DID AN OPERATION PRECEDE DEATH..... DATE OF.....  
WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS.....  
(Signed) F. Slaughter M. D.

Address Fredeshtown  
\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Salvay Cem. city DATE OF BURIAL Sept 7 1930

20. UNDERTAKER Ed. H. Webb ADDRESS Fredeshtown 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.

