

OCT 30 1930

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

Do not use this space.

30568

1. PLACE OF DEATH

County Monroe
Township Jefferson
City Jefferson (No.)

Registration District No. 5-83
Primary Registration District No. 5-781

File No.
Registered No. 12
St. Ward)

2. FULL NAME

Jack Richards

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

Length of residence in city or town where death occurred about 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE negro 5. SINGLE, MARRIED, WIDOWED OR DIVORCED widowed

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

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

7. AGE YEARS 78 MONTHS DAYS If LESS than 1 day, hrs. or min.

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) self
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Santa Fe (STATE OR COUNTRY) Mo.

10. NAME OF FATHER N. K.

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

12. MAIDEN NAME OF MOTHER N. K.

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

14. INFORMANT Fannie Hinch (Address) Mexico, Mo.

15. FILED 9/29/30 W. T. Bell REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 29 1930

17. I HEREBY CERTIFY, That I attended deceased from X 19... to X 19... X that I last saw h... alive on X 19... and that death occurred, on the date stated above, at 3 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage
(duration) X yrs. 1 mos. 1 ds.

CONTRIBUTORY (SECONDARY) 740 (duration) X yrs. X mos. X ds.

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

19. DID AN OPERATION PRECEDE DEATH? No DATE OF... X WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? No (Signed) Russell M. Wilson, M.D. 9/29, 1930 (Address) Monroe City, 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 Walnut Grove DATE OF BURIAL 9/30 1930

20. UNDERTAKER Speed & Blakey ADDRESS Paris, 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.

