

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

Do not use this space.

39308  
1009

1. PLACE OF DEATH **U.S.V. Hosp.**  
County **Jackson**  
Township **Raw**  
City **Kansas City, Mo.**

Registration District No. ....  
Primary Registration District No. **U. S. Veterans Hospital**

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

2. FULL NAME **RICHARDS, W.T.** **C-1 440 715** **WOE**  
(a) Residence. No. **Edgewood, Iowa.** St. .... Ward **Pvt. Co E 6th Inf. A of O**  
(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 **Katharine Richards**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Sept. 14, 1898**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	32	2	18	

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work **Produce Laborer**  
(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) **Iowa**

10. NAME OF FATHER **John Richards**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) **New York**

12. MAIDEN NAME OF MOTHER **Ardella Palmer**

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

14. INFORMANT **Katharine Richards (wife)**  
(Address) **Edgewood, Iowa.**

15. FILED **12/30 M. M. Covine** REGISTRAR  
**Assn**

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **December 2 1930**

17. I HEREBY CERTIFY, That I attended deceased from **November 17**, 19**30**, to **December 2**, 19**30**, that I last saw him alive on **December 2**, 19**30**, and that death occurred, on the date stated above, at **4:20 A.M.**

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
**Chr. Parenchymatous Nephritis with V.H.D. Mitral Insufficiency, Cardiac Hypertrophy and Myocardial degeneration.**

(duration) **1 or more** yrs. mos. ds.  
CONTRIBUTORY **Arteriosclerosis, general**  
(SECONDARY) (duration) **1 or more** yrs. mos. ds.

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

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

WHAT TEST CONFIRMED DIAGNOSIS? **Phys. Exam, X-ray & Lab**  
(Signed) **W.E. Chambers**, M. D.  
**W.E. CHAMBERS, Med. Officer in Charge**  
**Sew U.S.V. Hosp., Kansas 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 **Edgewood Iowa** DATE OF BURIAL **Dec 2 1930**

20. UNDERTAKER **Freeman Mortuary** ADDRESS **K6 mu**

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

