

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

Do not use this space.

21298

1. PLACE OF DEATH

County Jackson
Township Blue
City Independence (No.)

Registration District No. 398
Primary Registration District No. 3019

File No.
Registered No. 217
St. Ward)

2. FULL NAME

(a) Residence. No. 219 W. Kansas St., Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (with the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Carl F. Richter

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 15 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 4 19

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

9. BIRTHPLACE (CITY OR TOWN) Berlin
(STATE OR COUNTRY) Germany

10. NAME OF FATHER John Fisher

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

12. MAIDEN NAME OF MOTHER X

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

14. INFORMANT Carl F. Richter
(Address) 219 W. Kansas

15. FILED June 5 1931 J. L. Cook
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 4 1931

17. I HEREBY CERTIFY, That I attended deceased from June 4, 1931, to June 4, 1931, that I last saw him alive on June 4, 1931, and that death occurred, on the date stated above, at 11:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Angina Pectoris
PH A
G.A. (duration) yrs. mos. 12 hours

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

18. WHERE WAS DISEASE CONTRIBUTED IF NOT AT PLACE OF DEATH

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

WHAT TEST CONFIRMED DIAGNOSIS (Signed) W. Allen M. D.

6-5-1931 (Address) Owens - Hyatt Bldg. Indep.
*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 mound Grove Cem. DATE OF BURIAL 6-6-1931

20. UNDERTAKER J. L. Latta 214 W. Spring Independence, Mo. ADDRESS

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

JUL 25 1931

