

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

Do not use this space.

**26869**

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
 Township..... Primary Registration District No. **1006**  
 City St. Louis (No. St. Lukes Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_  
 Registered No. **8071**

**2. FULL NAME**

(a) Residence, No. \_\_\_\_\_ St. 10 Ward. Clarkville Mo  
 (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 <u>M.</u>	4. COLOR OR RACE <u>W.</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>Nellie Richards</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 5, 1892</u>				
7. AGE	YEARS <u>39</u>	MONTHS <u>2</u>	DAYS <u>14</u>	If LESS than 1 day, .....hrs. or .....min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Common Labour</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
	10. Date deceased last worked at this occupation (month and year) <u>June 1931</u>			
11. Total time (years) spent in this occupation <u>10</u>				
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>				
MOTHER / FATHER	13. NAME <u>J. S. Richards</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>			
	15. MAIDEN NAME <u>Ora Davis</u>			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>				
17. INFORMANT <u>Nellie Richards</u> (ADDRESS) <u>Clarkville Mo</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Clarkville Mo</u> DATE <u>7/21 31</u>				
19. UNDERTAKER <u>Miller Undertaker</u> (ADDRESS) <u>Clarkville Mo</u>				
20. FILED <u>JUL 21 1931</u> Registrar.				

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 19, 1931

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1931, to July 19, 1931  
 Last saw him alive on July 19, 1931. Death is said to have occurred on the date stated above, at 5:00 p.m.  
 The principal cause of death and related causes of importance were as follows:  
Leukemia - chronic Date of onset 3/25  
720  
 Other contributory causes of importance:  
Blood stream infection  
Staphylococcal septicemia  
(Positive Blood Culture)  
 Name of operation Laboratory Date of \_\_\_\_\_  
 (What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? yes)

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
 Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify yes  
 (Signed) J. P. [Signature] M. D.  
 (Address) 4500 Olive St

*San. G. O. Forshaw*

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.

