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

Do not use this space.

85

33716

1. PLACE OF DEATH

County: Buchanan — Registration District No.: 85 — File No.: 33716

Township: — Primary Registration District No.: 1001 — Registered No.: 1114

City: St Joseph — (No. State Hospital #2. St. Ward)

2. FULL NAME Paul Richards — Paul Richards

(a) Residence. No. ~~[illegible]~~ St., Ward. Kansas City, Mo. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 29 ds. How long in U. S., if of foreign birth? Unknown yrs. mos. ds.

NOV 28 1931

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown 1867

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

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

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

PARENTS

10. NAME OF FATHER Peter Richards

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

12. MAIDEN NAME OF MOTHER Barbara Ludwick

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

14. INFORMANT Patient Hosp Records
(Address) St Joseph Mo

15. FILED NOV 2 1931 — John R. Benderson, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 30 1931

17. I HEREBY CERTIFY, That I attended deceased from Oct 7, 1931, to Oct 30, 1931 that I last saw him alive on Oct 30, 1931, and that death occurred, on the date stated above, at 11:50 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Arteriosclerosis, General (duration) ....yrs. ....mos. ....ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) J. H. Beneck, M. D.
10/30/1931 (Address) State Hosp #2

*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: State Hospital Cemetery — DATE OF BURIAL: Nov. 2, 1931

20. UNDERTAKER: Walter Meinhoffer — ADDRESS: 1302 Faraon St. St. Joseph, 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.

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