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.

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

Do not use this space.

39912

1. PLACE OF DEATH
County Taney
Township Brauson
City Brauson (No. ..... St. ..... Ward)
Registration District No. 859
Primary Registration District No. 6128
File No. 39
Registered No. .....

2. FULL NAME Dr. Speir Richmond
(a) Residence, No. ..... St., ... Ward.
(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 M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Maggie G. Richmond
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 24-1868
7. AGE YEARS 63 MONTHS 4 DAYS 19 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 40 years
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Abbeville S.C.

FATHER
13. NAME J.M. Richmond
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Richmond Va.

MOTHER
15. MAIDEN NAME Admonia Tomlin
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Richmond Va.

17. INFORMANT (ADDRESS) Jack Richmond 3340 Askew - K.C. Mo.
18. BURIAL, CREMATION, OR REMOVAL Phone No. Lindwood 2098.
PLACE ..... DATE 19
19. UNDERTAKER (ADDRESS) R. O. Whitehead Brauson
20. FILED 11/14, 1931 P. A. Shornhill Registrar.

MEDICAL CERTIFICATE OF DEATH

4

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-13, 1931
22. I HEREBY CERTIFY, That I attended deceased from Oct 7, 1930, to Nov. 13, 1931
I last saw him alive on Nov. 12, 19..... Death is said to have occurred on the date stated above, at 12:00 noon m.
The principal cause of death and related causes of importance were as follows:
Uremic Poisoning (Coma)
Acute Parenchymatous Nephritis
97A
95B
130
Other contributory causes of importance:
Cardiac Hypertrophy
Valvular Insufficiency
Date of onset
Name of operation Mann Date of .....
What test confirmed diagnosis? Urinalysis Was there an autopsy? No
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? No
If so, specify .....
(Signed) Guy B. Mitchell, M. D.
(Address) Brauson, Mo.