

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.

SEP 29 1932

15149

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

Do not use this space.

15149

2

1. PLACE OF DEATH

113

County Worth  
Township Stitchell  
City Grand City (No.         )

Registration District No. 903  
Primary Registration District No. 6212

File No.           
Registered No. 16  
St.          Ward         

2. FULL NAME

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

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR, OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 20, 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 76 1 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework & chores

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) April 1932 11. Total time (years) spent in this occupation         

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unkn England

13. NAME Unkn

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unkn England

15. MAIDEN NAME Sarah Jones

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unkn England

17. INFORMANT (ADDRESS) Granett Bunker Grand City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Holmes & Co. DATE 4/31 1932

19. UNDERTAKER (ADDRESS) John Anderson Grand City, Mo.

20. FILED 4/21 1932 John Anderson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 20, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 20, 1932 to April 20, 1932

I last saw him/her alive on April 19, 1932 Death is said to have occurred on the date stated above, at 12.30 A.M.

The principal cause of death and related causes of importance were as follows:

Septicemia secondary to infection in leg below knee Date of onset         

Other contributory causes of importance: Arterio Sclerosis

Name of operation          Date of         

What test confirmed diagnosis?          Was there an autopsy?         

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?          Date of injury         

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) O. L. Fullerton, M. D.

(Address) Pedding Iowa

