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.

SEP 21 1932

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

Do not use this space.

25273

1. PLACE OF DEATH

2 County Andrew, Registration District No. 16 File No.

Township Rochester Primary Registration District No. 5020 Registered No. 14

City ~~Helena,~~ (No. Helena, Missouri, St. Ward)

2. FULL NAME Clinton D. Rich,

(a) Residence, No. Helena, Mo. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Missouri Rich,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 15, 1847

7. AGE: YEARS 85 MONTHS 3 DAYS 9 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer,
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Farm,
10. Date deceased last worked at this occupation (month and year): Aug. 1905
11. Total time (years) spent in this occupation: 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Elkhart, Indiana, 2

FATHER

13. NAME: Leonard Rich,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, England, 0

MOTHER

15. MAIDEN NAME: Ruby Benton,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Unknown, 1

17. INFORMANT (ADDRESS): Mrs. C. D. Rich Helena, Missouri,

18. BURIAL, CREMATION, OR REMOVAL
PLACE Rochester, Mo. DATE Aug. 28 1932

19. UNDERTAKER (ADDRESS): Frank A. Bowman Savannah, Mo.

20. FILED Aug 25 1932 Mrs. Bettie Boggess Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug. 24, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 2, 1932, to Aug 24, 1932
I last saw him alive on Aug 20, 1932. Death is said to have occurred on the date stated above, at 5:45 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Aug 23 32
[illegible]	

Other contributory causes of importance:

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 ....., 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) E M Reynolds, M. D.
(Address) Union Star Mo