

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

Do not use this space.

29731

1. PLACE OF DEATH

58 County Linn Registration District No. 720 496
 Township Yellow Creek Primary Registration District No. 540
 City St. Catherine Mo (No. St. Catherine Mo Village 88 Ward)

2. FULL NAME

(a) Residence, No. St. Catherine St. St. Catherine Ward. (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 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 Mary Richards

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 7 - 1853

7. AGE YEARS 77 MONTHS 5 DAYS 21 If LESS than 1 day, hrs. or min.

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. none

10. Date deceased last worked at this occupation (month and year) none 11. Total time (years) spent in this occupation none

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Catherine Mo 1

FATHER 13. NAME John Richards 1

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Peru Mo 2

MOTHER 15. MAIDEN NAME Saloma Chouner

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT Mrs. Mary Richards (ADDRESS) St. Catherine Mo

18. BURIAL, CREMATION, OR DEPOSITION PLACE Rose Hill DATE Oct 1st 1932

19. UNDERTAKER M. J. ... (ADDRESS) St. Catherine Mo

20. FILED 10-1 1932 Le E. ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 28 1932

22. I HEREBY CERTIFY, That I attended deceased from May 31 1932, to Sept 28 1932. I last saw him alive on Sept 21 1932. Death is said

to have occurred on the date stated above, at 7:45 p.m.. The principal cause of death and related causes of importance were as follows:

myocarditis
191
930 131
 Other contributory causes of importance: Intestinal nephritis (3)
 Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical 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 _____, 1932. 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 _____

(Signed) Dr. H. H. Patton M. D.
 (Address) Missouri ...

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.

OCT 26 1932

