

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

Do not use this space.

2254

**1. PLACE OF DEATH**

County Livingston Registration District No. 508  
 Township \_\_\_\_\_ Primary Registration District No. 3026  
 City Chillicothe (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 7

**2. FULL NAME**

Richard E. Fordyce  
 (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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <input checked="" type="checkbox"/>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 3 1883</u>		
7. AGE	YEARS <u>49</u>	MONTHS <u>11</u>
	DAYS <u>17</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Horse trainer</u>	
	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)	11. Total time (years) spent in this occupation.
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Putnam Co Mo</u>		
FATHER	13. NAME <u>Biggs B Fordyce</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Iowa</u>	
MOTHER	15. MAIDEN NAME <u>Christine Brundage</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill</u>	
17. INFORMANT <u>Mrs Rhoda Bowman</u> (ADDRESS) <u>Chillicothe Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Edgewood</u> DATE <u>1-21</u> 19 <u>33</u>		
19. UNDERTAKER <u>F B Norman</u> (ADDRESS) <u>Chillicothe Mo</u>		
20. FILED <u>Jan 21</u> 19 <u>33</u> <u>C. Barney</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 20 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 16 1932 to Jan 20 1933  
 I last saw him alive on 20 - Jan - 1933 Death is said to have occurred on the date stated above, at 4:15 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Acute Rheumatism & Hemorrhage  
92 B  
103 B  
92 B  
 Other contributory causes of importance:  
Hemorrhage

Date of onset	<u>8 weeks</u>
age.	

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis Smear 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) M. E. Ernst M. D.  
 (Address) Chillicothe Mo

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.

