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

Do not use this space.

16866

File No.
Registered No.

1. PLACE OF DEATH
County: Jasper
Township: Jackson
City: (No. St. Ward)
Registration District No. 408
Primary Registration District No. 3563a

2. FULL NAME: Jesse Henry Rich
(a) Residence, No. Carthage R-5 St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 15 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: Effie Rich.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan 4th 1900
7. AGE: Years 33 Months 3 Days 28 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Atlas Powder Mfg
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): Marshfield Mo

FATHER
13. NAME: Elie Rich
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Monroeville Penn

MOTHER
15. MAIDEN NAME: Sarah Brasier
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

17. INFORMANT (ADDRESS): Mrs F. H. Rich. Carthage R-5
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Fullerton Cemetery DATE: May 4th 1933
19. UNDERTAKER (ADDRESS): Ulmer - Drake Carthage Mo.
20. FILED May 4 1933 E. H. Ketcham Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 2, 1933
22. I HEREBY CERTIFY, That I attended deceased from May 2, 1933, to May 2, 1933
I last saw him alive on May 2 1933 Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	
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) W. G. Dougan, M. D.
(Address) Coroner

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.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

MAY 22 1933