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.

AUG 20 1933

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

Do not use this space.

File No. 22338
Registered No. 668

1. PLACE OF DEATH
County Buchanan — Registration District No. 85
Township — Primary Registration District No. 1001
City St. Joseph No (No. 3005 South 15th St. Ward)

2. FULL NAME Mike Richey
(a) Residence, No. 3005 South 15th 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: Male
4. COLOR OR RACE: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 24, 1858
7. AGE: YEARS 75 — MONTHS 0 — DAYS 7 — If LESS than 1 day, ...hrs. or ....min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

FATHER
13. NAME: Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Shellie Campbell, 219 West Iowa St
18. BURIAL, CREMATION, OR REMOVAL PLACE: King Hill Cem DATE: 7-5-33, 19
19. UNDERTAKER (ADDRESS): B.F. Graves Funeral Home, 806 S. 17th St.
20. FILED: JUL 5 1933 — John R. Bender, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 1, 33, 19

22. I HEREBY CERTIFY, That I attended deceased from May 16, 1932, to July 1, 1933
I last saw him alive on July 1, 1933. Death is said to have occurred on the date stated above, at 12:55 P.m.
The principal cause of death and related causes of importance were as follows:
Chronic Pulm. Tuberculosis — Date of onset: Don't know
23A
156B
Other contributory causes of importance: Chronic Muscular Rheumatism — Don't know
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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) J. D. Sexton, M. D.
(Address) St. Joseph, Mo.

1 33
35
1 858
1 33