JAN 4 1934

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

Do not use this space.

37005

1. PLACE OF DEATH
County: Taney
Township: Cherokee
City: Audrain Co (No. ..... St. ..... Ward)

Registration District No. 457
Primary Registration District No. 5621B

File No. .....
Registered No. 24

54
2
6

2. FULL NAME Harold Edward Richey

(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 3 yrs. 8 mos. 14 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): single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 27 1930

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	3	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
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) Audrain Co Mo

FATHER
13. NAME Alfred Richey
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Huntsman Mo Warren Co

MOTHER
15. MAIDEN NAME Eva Owens
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lamar Co Ozark

17. INFORMANT Alfred Richey
(ADDRESS) Bellville Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE City Cemetery DATE Nov. 13 1933

19. UNDERTAKER R. D. Wagner
(ADDRESS) Higginsville Mo

20. FILED Nov 13 1933 Ferdinand Shryman Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 12 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 8, 1933, to Nov 12, 1933

I last saw him alive on Nov 12, 1933 Death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Nov 8
1195	
104	

Other contributory causes of importance: Long attack bowel trouble

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. Webb, M. D.
(Address) Higginsville

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.