

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

Do not use this space.

13230

**1. PLACE OF DEATH**

County Jackson  
Township Brooking  
City \_\_\_\_\_ (No. \_\_\_\_\_)

Registration District No. 403  
Primary Registration District No. 5557

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Jules Teer Richeson

(a) Residence, No. Woodson Rd 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 white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 3 - 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
77 10 28

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. \_\_\_\_\_

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) Campbellville Ky

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

15. MAIDEN NAME \_\_\_\_\_

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT Hattie Taylor Raytown Mo  
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Woodlawn Cem DATE Apr 3 1934

19. UNDERTAKER Ott & Mitchell Independence Mo  
(ADDRESS)

20. FILED April 6 1934 W. W. Hobbs M.D.  
Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 1 1934

22. I HEREBY CERTIFY, That I attended deceased from March 31 1934 to April 1 1934  
I last saw him alive on April 1 1934 Death is said to have occurred on the date stated above, at 4.9 am.

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

Acute myocarditis  
152A  
93A 132A  
Other contributory causes of importance:  
Paranephritic nephritis  
Date of onset about 9-15-34  
about 1 yr ago

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? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) W. W. Hobbs M. D.  
(Address) Raytown Mo

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.

1934  
25  
81

