

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.

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

Do not use this space.

OCT 17 1934

33060

1. PLACE OF DEATH

County Jackson
Township Flower
City Kansas City Mo (No. 1308 Cherry)

Registration District No. 399
Primary Registration District No. 1002

File No. _____
Registered No. 4399
St. _____ Ward)

2. FULL NAME

Richard S. Schley

(a) Residence, No. 1208 Cherry 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. da. / How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Male</u>	4. COLOR OF 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		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 14-1880</u>		
7. AGE YEARS <u>53</u>	MONTHS <u>10</u>	DAYS <u>18</u>
If LESS than 1 day, _____ hrs or _____ min.		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 28, 1934
22. I HEREBY CERTIFY that I attended deceased from _____ 19____
I last saw him _____ alive on _____, 19____. 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:
Chronic myocardial infarction

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Cook</u>	11. Total time (years) spent in this occupation
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)	

Other contributory causes of importance:
131
42

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill</u>	13. NAME <u>Richard Schley</u>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill</u>	15. MAIDEN NAME <u>Unknown</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	

Name of operation _____ Date of _____
What test confirmed diagnosis _____ Was there an autopsy _____

17. INFORMANT (ADDRESS) <u>Mrs May Richards</u> <u>515 1/2 Walnut</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Floral Hill</u> DATE <u>Oct. 1</u> 19 <u>34</u>
19. UNDERTAKER (ADDRESS) <u>A. P. Doshier</u> <u>1415 East 15</u>
20. FILED <u>9-29</u> 19 <u>34</u> <u>M. M. Crave</u> Registrar.

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) _____, M. D.
(Address) _____

