JAN 9 1935

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

Do not use this space.

45544

File No.
Registered No. 62

1. PLACE OF DEATH

County: Stoddard — Registration District No.: 840
Township: Duck Creek — Primary Registration District No.: 6102
City: (No. , St. Ward)

2. FULL NAME John Lasley Richard

(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 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): Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec 11, 1934

7. AGE — YEARS: — MONTHS: — 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.: Infant
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): Asherville Mo.

FATHER

13. NAME: John Richard
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Asherville Mo

MOTHER

15. MAIDEN NAME: Eva Duren
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dale Mo.

17. INFORMANT (ADDRESS): John Richard

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Pleasant Grove Cemet. DATE: Dec 19, 1934

19. UNDERTAKER (ADDRESS): Home-made casket

20. FILED 12/18, 1934 E. L. Hope, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec 18, 1934

22. I HEREBY CERTIFY, That I attended deceased from 2 weeks prior to only after birth

I last saw him alive on 12-7, 1934. 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:

I do not know the cause of death -

Date of onset

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?
If so, specify

(Signed) V. L. Greathouse, M. D.
(Address) Puxico 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.

WHEN COMPLETED, WITH OTHER RECORDS, THIS IS A PERMANENT RECORD