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.

MAY 27 1936

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

Do not use this space.

18026

1. PLACE OF DEATH St. Louis
County ~~Jefferson Barrack~~ Registration District No. 1123
Township Carondelet Primary Registration District No. 6248 B
City Jeff. Bks., Mo. (No. Vets. Adm. Fac. St. Ward)

File No.
Registered No. 136

2. FULL NAME George M Rich
(a) Residence, No. Brownstown, Ill. 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. 2 mos. 28 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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 17 - 1890

7. AGE: YEARS 45 MONTHS 4 DAYS 18 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Banner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General
10. Date deceased last worked at this occupation (month and year) 1935 Aug
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR ~~COUNTRY~~) Shelbyville Ill

FATHER
13. NAME Wesley Rich
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record No Record

MOTHER
15. MAIDEN NAME Kate Bohske
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record No Record

17. INFORMANT (ADDRESS) Mrs George M Rich Brownstown Ill.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Brownstown, Ill. DATE ~~April~~ 7 1936

19. UNDERTAKER (ADDRESS) J H Hunter Pandora Ill

20. FILED April 5 1936 G Mowry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 5, 1936

22. I HEREBY CERTIFY, That I attended deceased from January 7, 1936, to apr 5, 1936
I last saw him alive on 12 20 am, 1936. Death is said to have occurred on the date stated above, at 12 20 am
The principal cause of death and related causes of importance were as follows:

	Date of onset
Tb Kidney - bilateral	?
30	
Other contributory causes of importance:	
Secondary Anemia	?

Name of operation none Date of
What test confirmed diagnosis? Clin. & autopsy Was there an autopsy? yes

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 Chas J Hufnagel
(Signed) Chas J Hufnagel, M. D.
(Address) Vet. Adm. Fac. Jefferson Barrack Co Mo.