

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.

**AUG 17 1936**

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

Do not use this space.

25803

1. PLACE OF DEATH  
 County Osage Registration District No. 120  
 Township Wap. Grandview Primary Registration District No. 3099 File No. \_\_\_\_\_  
 City Wap. Grandview St. \_\_\_\_\_ Registered No. 253 Ward \_\_\_\_\_  
 2. FULL NAME Rose Fay Richards  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 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. (If nonresident, give city or town and State)

**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 \_\_\_\_\_  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-21-1911  
 7. AGE YEARS 25 MONTHS 1 DAYS 2 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 OCCUPATION  
 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) Yell Co. Ark.  
 MOTHER FATHER  
 13. NAME Will Richards  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark.  
 15. MAIDEN NAME Nattie Martin  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark.  
 17. INFORMANT Lesare Thompson (ADDRESS) \_\_\_\_\_  
 18. BURIAL, CREMATION, OR REMOVAL PLACE St. Ann's DATE 7-25-36  
 19. UNDERTAKER St. Ann's (ADDRESS) Blodgett  
 20. FILED 7-24-36 J.M. Thompson (Address) \_\_\_\_\_ Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/24, 1936  
 22. 6/28 HEREBY CERTIFY, That I attended deceased from 7/24, 1936 to 7/24, 1936  
 I last saw him alive on 7/24, 1936 Death is said to have occurred on the date stated above, at 1:40 P.M.  
 The principal cause of death and related causes of importance were as follows:  
GUN SHOT WOUND  
of Head.  
 Other contributory causes of importance: 11/2  
Menigitis  
 Name of operation Crematory 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? Homicide Date of injury 6/28/36  
 Where did injury occur? Sikeston Mo  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. Public Place  
 Manner of injury GUN SHOT WOUND  
 Nature of injury \_\_\_\_\_  
 24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify \_\_\_\_\_  
 (Signed) [Signature], M. D.  
Capl. Grandview Mo

