

AUG 28 1936

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

Do not use this space.

89586

1. PLACE OF DEATH

County StoddardRegistration District No. 936Township LibertyPrimary Registration District No. 6-99ACity Marion (No.)File No. 42
Registered No. 42
St. Ward)2. FULL NAME Samuel Richards

(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 M4. COLOR OR RACE W5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna Sunkel Richards6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 5, 1861

7. AGE

YEARS 74MONTHS 10DAYS 21

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer9. 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) Cornwall
(STATE OR COUNTRY) England

FATHER

13. NAME Samuel Richards14. BIRTHPLACE (CITY OR TOWN) Cornwall
(STATE OR COUNTRY) England

MOTHER

15. MAIDEN NAME Mary Jane Mellow16. BIRTHPLACE (CITY OR TOWN) Cornwall
(STATE OR COUNTRY) England17. INFORMANT Anna J. Richards
(ADDRESS) St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Bernice CemDATE 7-28-193619. UNDERTAKER Dale J. Hopkins
(ADDRESS) Bernice Mo.20. FILED Aug 13, 1936Glenn C. Allen

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 26, 193622. I HEREBY CERTIFY, that I attended deceased from 7-24, 1936 to 7-26, 1936I last saw him alive on 7-26, 1936. Death is saidto have occurred on the date stated above, at 12:30 p.m.

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

Enteritis

Date of onset

Other contributory causes of importance: 120 lbName 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) Danny Ryan

, M. D.

(Address) St. Louis 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.

AUG 4 1952

AUG 7 1952