

NOV 16 1936

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

Do not use this space.

37831

4687

1. PLACE OF DEATH

County Jackson
Township Ham
City Kansas City

Registration District No. 299
Primary Registration District No. 1340
(No. 3601 E. 60th.)

File No. 4687
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Harry D. Richards

(a) Residence, No. 3601 E 60th St., _____ Ward. _____

(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) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Martha D. Richards

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 30 18 51

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.

85 1 24

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. harmon maker

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) Penn

13. NAME Thomas Richards

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.

15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT Carl B. Richards (ADDRESS) Wichita, Miss.

18. BURIAL, CREMATION, OR REMOVAL PLACE Gravard Ham DATE Oct 24 1936

19. UNDERTAKER Mrs. C. L. Foster (ADDRESS) Wichita

20. FILED 10-24-36 M M Crawford Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/24 - 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1936, to Oct 24, 1936

I last saw him alive on Oct 24, 1936. Death is said to have occurred on the date stated above, at 2:50 p.m.

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

Influenza

Date of onset Oct 1, 1936

Other contributory causes of importance

acute myocarditis

Oct 21, 1936

Name of operation _____ Date of _____

What test confirmed diagnosis? Syphilis 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 _____

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) Obdora Hoffman, M. D.

(Address) 206 Richards Bldg

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.

25-33

Attila Hoffmann