

JUL 27 1937

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

Do not use this space.

1. PLACE OF DEATH

County Butler
Township Neely
City (No. 2)

Registration District No. 88
Primary Registration District No. 5130

File No. 23272
Registered No. 34
St. _____ Ward _____

2. FULL NAME

Johnnie Richie

(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 <u>Male</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>—</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>—</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>6-29-1937</u>		
7. AGE YEARS	MONTHS	DAYS
<u>—</u>	<u>—</u>	<u>—</u>
If LESS than 1 day, _____ hrs. or _____ min.		

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Neelyville Mo.

13. NAME Roy Richie

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cotton Plant Ark.

15. MAIDEN NAME Olivia Towne

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tillatoba Ark.

17. INFORMANT (ADDRESS) Roy Richie Neelyville - Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Neelyville Mo. DATE 6-30 1937

19. UNDERTAKER (ADDRESS) None - Neighbors - - -

20. FILED 7-1- 1937 R. L. Turner Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-29 1937

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
I last saw h_____ alive on _____, 19____. Death is said to 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:

Still-bow - Cause unknown Date of onset _____

attended by midwife

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 1 - - -

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

(Signed) R. L. Turner, M. D.
(Address) Neelyville - 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.

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