

NOV 16 1937

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

37508
Do not use this space.

1. PLACE OF DEATH

(a) County Crawford Registration District No. 231
 (b) Township..... Primary Registration District No. 4141 Registered No.....
 (c) City Steelville (d) Street No..... St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds..

2. PRINT FULL NAME William Howard Richters

(a) Residence, No..... St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wife

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 19th, 1935

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
Two Six Ten

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as 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) Steelville, Mo. (STATE OR COUNTRY)

FATHER 13. NAME Walter Howard Richters

14. BIRTHPLACE (CITY OR TOWN) Warren County, Mo. (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Viola Elizabeth Hamlin

16. BIRTHPLACE (CITY OR TOWN) Leasburg Mo. (STATE OR COUNTRY)

17. INFORMANT Walter H. Richters (ADDRESS) Steelville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cross Road Cmty DATE Oct. 31st, 1937

19. FUNERAL DIRECTOR (ADDRESS) W. J. Dyer Steelville

20. FILED 11/9 1937 W. J. Dyer Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 29th, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 22, 1937, to Oct 29, 1937. I last saw him alive on Oct 29, 1937. Death is said to have occurred on the date stated above, at 10:25 P.M.

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

Diphtheria
 10

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.....

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify.....
 (Signed) W. J. Dyer, M. D.
 (Address) Leasburg Mo.

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.

5078-7-20-37 I X12004

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)