JAN 19 1938

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

Do not use this space.

2
1

1. PLACE OF DEATH
County Howell — Registration District No. 384 — File No. 45530
Township — Primary Registration District No. 4227 — Registered No.
City West Plains (No. , St. Ward)

46
3
4

2. FULL NAME Curt Emil Richter

(a) Residence, No. St., Ward. Willow Springs, Mo.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 2 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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 22, 1922

7. AGE — YEARS: 15 — MONTHS: 2 — DAYS: 12 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farm work 2
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) 3 days before death
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Simms, La. 2

FATHER
13. NAME Emil Richter 10
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ulberndorf Germany 1

MOTHER
15. MAIDEN NAME Freda Weber
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Whittenburg, Mo.

17. INFORMANT (ADDRESS) Emil Richter Willow Springs, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Willow Springs DATE Dec. 6, 1937

19. UNDERTAKER (ADDRESS) T. R. Burns & Son Willow Springs, Mo.

20. FILED Dec. 4, 1937 Vida Vr Simons Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 2, 1937, to Dec. 4, 1937
I last saw him alive on Dec. 3, 1937. Death is said to have occurred on the date stated above, at 7 33 a.m.
The principal cause of death and related causes of importance were as follows:

Diabetic Coma
Diabetes Mellitus

Date of onset

Other contributory causes of importance: 59

Name of operation None Date of
What test confirmed diagnosis Urinalysis Was there an autopsy? no

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) R E Hogan, M. D.
(Address) West Plains, 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.

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