

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.

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

Do not use this space.

1. PLACE OF DEATH

County North
Township Allen
City Denver (No. _____)

Registration District No. 905-
Primary Registration District No. 6216

File No. 8460
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Denver Mo. St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lyla L. Richmond
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 29 1863
7. AGE YEARS 84 MONTHS 9 DAYS 1 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tanner
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 46

12. BIRTHPLACE (CITY OR TOWN) Denver, Mo (STATE OR COUNTRY) _____

13. NAME William Richmond

14. BIRTHPLACE (CITY OR TOWN) Louisville Ky (STATE OR COUNTRY) _____

15. MAIDEN NAME Miriam Ingate

16. BIRTHPLACE (CITY OR TOWN) Louisville Ky (STATE OR COUNTRY) _____

17. INFORMANT Bram (ADDRESS) Denver Mo

18. BURIAL, CREMATION, OR REMOVAL Trans Chapel PLACE March 1 DATE 1938

19. UNDERTAKER Bram Bros (ADDRESS) Denver Mo

20. FILED March 10 19 38 A L Perry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 27 1938

22. I HEREBY CERTIFY, That I attended deceased from September 36 1936, to February 27 1938
I last saw him alive on at time of death 1938 Death is said to have occurred on the date stated above, at 11:10 am.
The principal cause of death and related causes of importance were as follows:

Cardiac Decompensation Date of onset Feb 26

Other contributory causes of importance: 95 P.D.

Bronchiectasis

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 _____, 1938

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 None (Signed) J H Staley D.O.

(Address) Denver Mo

50 FILE

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1947

CHANGE OF DEATH, "brian terms" to that it may be
M.B. - Each item of the "brian terms" is a separate and distinct item of the "brian terms" and is not to be taken as a whole.