

REGD JUN 24 1936

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

Do not use this space.

19823

1. PLACE OF DEATH

County WarrenRegistration District No. 881Township Old HopePrimary Registration District No. 6171City Warrenton, Mo (No. 150)St. Mo Ward2. FULL NAME Louis, Richard(a) Residence, No. 150
(Usual place of abode)St. Mo Ward

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 20 mos. 0 ds. How long in U. S., if of foreign birth? yrs. 0 mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>12-18-1854</u>		
7. AGE YEARS <u>83</u>	MONTHS <u>3</u>	DAYS <u>27</u>
IF LESS than 1 day, hrs. or min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>
	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) Mo13. NAME John Richard14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany15. MAIDEN NAME Mary Stark16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis, Mo17. INFORMANT (ADDRESS) George Richard18. BURIAL, CREMATION, OR REMOVAL PLACE Case Mo DATE 4/1719. UNDERTAKER (ADDRESS) F. H. Mische
Warrenton Mo.20. FILED May 10 1936 awabaling Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 15 193622. I HEREBY CERTIFY, That I attended deceased from April 1 1936, to April 15 1936I last saw him alive on April 15 1936. Death is said to have occurred on the date stated above, at 5 a.m.

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

Date of onset

Simply
Myocarditis 9371

Other contributory causes of importance:

Name of operation None Date of 9What test confirmed diagnosis? None Was there an autopsy? No23. 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?.....

If so, specify

(Signed) Charles L. Garcia M. D.(Address) Warrenton 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.

