

1938 SEP 23 1938

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

Do not use this space.

29070

1. PLACE OF DEATH

County **Howell**

Township **Willow Springs,**

City (No. ) (No. ) St. (No. ) Ward

Registration District No. **365**

Primary Registration District No. **5536**

File No. \_\_\_\_\_

Registered No. \_\_\_\_\_

2. FULL NAME **Herman Richter**

(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 **8** yrs. mos. ds. How long in U. S., if of foreign birth? **31** yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX **M** 4. COLOR OR RACE **W** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widower**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **8-5-1938**

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

22. I HEREBY CERTIFY, That I attended deceased from **8-5-1938**, to **8-5-1938**

I last saw h.l.m. alive on **8-5-1938** Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June 4, 1859**

to have occurred on the date stated above, at **7:00 P.M.**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min. **79 2 1**

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

**Strangulation**

Date of onset **8-5-38**

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Farmer**

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 \_\_\_\_\_

Other contributory causes of importance: \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ulberneorf Germany**

13. NAME **Unknown**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

15. MAIDEN NAME **Unknown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

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

18. BURIAL, CREMATION, OR REMOVAL PLACE **City Cemetery** DATE **8-7-1938**

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

20. FILED **8-6-1938** **Manette Ferguson** Registrar

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? **Clinical** 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 **8-5-1938**

Where did injury occur? **Howell County, Mo** (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. **at home 3 miles east of Willow Springs**

Manner of injury **hanging** Nature of injury **self inflicted**

24. Was disease or injury in any way related to occupation of deceased? **No**

If so, specify \_\_\_\_\_ (Signed) **W. H. Libbey** M. D.

(Address) **Willow Springs, Mo**

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

