

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

Do not use this space.

41890

PLACE OF DEATH

County Franklin
Township Liberty
City (No.)

Registration District No. 1115
Primary Registration District No. 6021

File No.
Registered No. 15
St. Ward

FULL NAME

John Wesley Richard
(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 16 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. 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>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Clara Richard</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>July 28, 1850</u>		
7. AGE YEARS <u>79</u>	MONTHS <u>7</u>	DAYS <u>19</u>
IF LESS than 1 day, <u> </u> hrs. or <u> </u> min.		
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Farmer</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer		
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ste Genevieve</u>		
10. NAME OF FATHER <u>Jacob Richard</u>		
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>		
12. MAIDEN NAME OF MOTHER <u>Sarah Smith</u>		
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Ind.</u>		
14. INFORMANT <u>Clara Richard</u> (Address) <u>Farm 9 town mo.</u>		
15. FILED <u>12/18/29</u> <u>W. J. A. Rydece</u> REGISTRAR		

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 17, 1929
17. I HEREBY CERTIFY, That I attended deceased from Dec 10, 1929 to Dec 17, 1929 that I last saw h. alive on 19 , and that death occurred, on the date stated above, at 9:04 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Senile Arteriosclerosis
91B
CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS
(Signed) Rappaport, M. D.
Dec 17, 1929 (Address) Farmington

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Park View Cemetery DATE OF BURIAL Dec 18 1929
20. UNDERTAKER Farmington and Co. Farmington mo. ADDRESS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important.

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