

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

Do not use this space.

1670

1. PLACE OF DEATH

County Wayne
Township Franklin
City Kennett City

Registration District No. 399
Primary Registration District No. 1002

File No. 207
Registered No. 327
St. 3rd Ward

2. FULL NAME

David M. Righter
(a) Residence. No. 3526 Locust St. St. 6th Ward.

(If nonresident give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OF RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND or (OR) WIFE Gertrude Righter

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 20 1892

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
36 5 27

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Treasurer
(b) General nature of industry, business, or establishment in which employed (or employer) Wolf Bros
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) New Orleans
(STATE OR COUNTRY) La

10. NAME OF FATHER Henry Richter

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)

14. INFORMANT Herbert Proff
(Address) 1041 Walnut St

15. FILED 178 29 M. M. Guinn
Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 17 1929

17. I HEREBY CERTIFY That I attended deceased from Jan 7, 1929, to Jan 17, 1929 that I last saw him alive on Jan 17, 1929, and that death occurred, on the date stated above, at 10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

HA Blue - pneumonia -
199H multiple intestinal
200 ulcers with hemorrhage
(duration) yrs. mos. 10 ds.

CONTRIBUTORY (SECONDARY) HA
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED HA
IF NOT AT PLACE OF DEATH.

19. DID AN OPERATION PRECEDE DEATH? DATE OF

20. WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) Chas. S. Saphar M, D
Jan 17, 1929 (Address) 3024 Lytle Bldg

*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 Roser Hills DATE OF BURIAL Jan 18 1929

20. UNDERTAKER Julian K Davidson ADDRESS 3024 Proff

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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