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.

SEP 25 1936

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

Do not use this space.

31590

1. PLACE OF DEATH
County Linn [illegible] Registration District No. 496
Township Yellowcreek Primary Registration District No. 4573
City ..... (No. ..... St. ..... Ward)

File No. .....
Registered No. .....

2. FULL NAME Thomas Lewis Richards
(a) Residence, No. 3 Catherine 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 1 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)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan - 12 - 1935

7. AGE YEARS 1 MONTHS 7 DAYS 3 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
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) Saint Cathern Missouri

FATHER
13. NAME Geo. L. Richards
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Linn Co

MOTHER
15. MAIDEN NAME Clara N. Carmack
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Salem Mo

17. INFORMANT (ADDRESS) G. L. Richards St Cathern, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Rose Hill DATE Aug 16 1936

19. UNDERTAKER (ADDRESS) C. W. Hill Brookfield Mo

20. FILED 9/9/36, 19 J. M. Lucas Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug - 15, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 14, 1936, to Aug 14, 1936
I last saw him alive on Aug 14, 1936. Death is said to have occurred on the date stated above, at 1300 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Enteritis	

Other contributory causes of importance:

Name of operation none 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 —, 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? no
If so, specify .....
(Signed) Dr H. H. Potter, M.D.
(Address) Brookfield Mo