OCT 21 1936

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

Do not use this space.

32129-a

1. PLACE OF DEATH
County St. Francois
Township Randolph
City Leadwood (No. ..... St. ..... Ward)

Registration District No. 33
Primary Registration District No. 6024B

File No. .....
Registered No. 25

2. FULL NAME Richard Dean Rickard

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

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 8 1936

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
0	3	29	

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) Leadwood Mo

FATHER

13. NAME Velva Rickard
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Frank Clay Mo

MOTHER

15. MAIDEN NAME Glenda Delay
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bell City Mo

17. INFORMANT (ADDRESS) Velva Rickard Leadwood Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Leadwood Mo DATE Aug. 9 1936

19. UNDERTAKER (ADDRESS) J. S. Boyer Leadwood Mo

20. FILED 10/7/36 19 W. E. Aubuchon Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8 - 17 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 7 1936, to Aug 7 1936
I last saw him alive on Aug 7 1936. Death is said to have occurred on the date stated above, at 4 a.m.
The principal cause of death and related causes of importance were as follows:

Enteric - Colitis — Date of onset 8/1/36

Other contributory causes of importance:
Improper feeding
Malnutrition

Name of operation ✓ Date of ✓
What test confirmed diagnosis? ✓ Was there an autopsy? ✓

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 none
(Signed) Dan W. Taylor, M. D.
(Address) Leadwood 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.