FILED MAY 15 1940

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

Do not use this space.

14623

23

1. PLACE OF DEATH

County Clark — Registration District No. 190 — File No.

Township 2 — Primary Registration District No. 4112 — Registered No. 18

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

2. FULL NAME 200 Alvin Adam Richey

(a) Residence, No. Kahoka St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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 M.

4. COLOR OR RACE W.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bird Le Fever West.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 8. 1852

7. AGE — YEARS 87 — MONTHS 8 — DAYS 19 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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) Jennings Co. Indiana

FATHER

13. NAME Thomas Richey

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not Known

MOTHER

15. MAIDEN NAME Fannie Fitzgerald.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not Known

17. INFORMANT (ADDRESS) A. G. Richey Kahoka Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Peaksville Cemetery DATE April 28 1940

19. UNDERTAKER (ADDRESS) Fred J Karle " Kahoka Mo.

20. FILED 4/28 1940 J R Bridges Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 27, 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1940, to Apr. 27, 1940

I last saw h..... alive on Apr 27, 1940. Death is said to have occurred on the date stated above, at 3 P m.

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

Chronic Myocarditis — Date of onset

93 C

Other contributory causes of importance: Arterial Sclerosis

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? .....

If so, specify .....

(Signed) J R Bridges, M. D.

174 (Address) Kahoka Mo

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

RECEIVED
District Health Officer No. 10
District File Number 5-40-1047
Date Filed MAY 14 1940