

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

Do not use this space.

31394

**1. PLACE OF DEATH**

County Ray  
Township Richmond  
City Richmond

Registration District No. 744  
Primary Registration District No. 3035

File No. \_\_\_\_\_  
Registered No. 81  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Thomas J Wollard

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

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 23 1862

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
66 I 6

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Banker  
(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) Ray Co Mo.

10. NAME OF FATHER Thomas Wollard

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) N. Carolina

12. MAIDEN NAME OF MOTHER Clementine Pitchard

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) N. Caroline

14. INFORMANT Miss Lula Wollard  
(Address) Richmond Mo.

15. FILED Oct 28 1928 R. L. Hamilton  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 29/28 19

17. I HEREBY CERTIFY, That I attended deceased from Aug 1-28 1928, in Ray Co 1928 that I last saw her alive on Sept 29 1928 and that death occurred, on the date stated above, at 9 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Chronic dilatation of heart 950  
135 (duration) \_\_\_\_\_ yrs. mos. da.  
137  
CONTRIBUTORY hypertensive (SECONDARY) (duration) 1 yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED Richmond Mo  
IF NOT AT PLACE OF DEATH: \_\_\_\_\_

19. DID AN OPERATION PRECEDE DEATH? non here DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical  
(Signed) R. L. Hamilton, M. D.

(Address) Richmond Mo

\*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 Sunny Slope Cem DATE OF BURIAL 10/I/28 19

20. UNDERTAKER J. R. Massman ADDRESS Richmond 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.

