

## 1. PLACE OF DEATH

County Wayne  
 Township \_\_\_\_\_  
 Village \_\_\_\_\_

## MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics  
 CERTIFICATE OF DEATH

State Office No.

206666

Register No. 1991

City Detroit (No. Providence Hospital St. \_\_\_\_\_ Ward \_\_\_\_\_)  
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Edmund Watson Richards(a) Residence No. 1469 Glynn Ct. St., Ward \_\_\_\_\_

Length of residence in city or town where death occurred 48 yrs. mos. ds. (Usual place of abode)  
 How long in U. S., if of foreign birth? 48 yrs. mos. ds. (If non-resident give city or town and state)

## 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) Jan. 14th, 1959

7. AGE Years Months Days IF LESS than 1 day hrs. OR min.  
77 1 13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired10. Date deceased last worked at this occupation (month and year) 1930 11. Total time (years) spent in this occupation 3212. BIRTH PLACE (city or town) Lucknow, Ontario  
(State or country)13. NAME Jacob Richards14. BIRTHPLACE (city or town) (unknown)  
(State or country)15. MAIDEN NAME Jane Watson16. BIRTHPLACE (city or town) (unknown)  
(State or country)17. INFORMANT Miss Florence Currie  
(Address) 1469 Glynn Ct.18. BURIAL, CREMATION, OR REMOVAL  
Place Evergreen cemetery Date Feb. 19, 193619. UNDERTAKER Dill Bros. W.P. Dill  
(Address) Detroit, Mich.20. FILED 1936 \_\_\_\_\_  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 17th 1936

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_

Feb. 13, 1936 to Feb. 17, 1936I last saw him alive on Feb. 17, 1936, death is saidto have occurred on the date stated above, at 4:05 p.m.

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

Broncho-Pneumonia Duration 3 days

Other contributory causes of importance:

Fracture of neck of humerus 4 daysInitial degeneration years

If operation, date of \_\_\_\_\_

Condition for which performed \_\_\_\_\_

Organ or part affected \_\_\_\_\_

Was there laboratory test? \_\_\_\_\_ Autopsy? \_\_\_\_\_

In case of violence state if accident, homicide or suicide \_\_\_\_\_

Fall downWhere did injury occur? Detroit Mich.  
(Specify city, county or state)In industry, home or public place? Home

Was disease or injury related to occupation of deceased? \_\_\_\_\_

Signed A. W. R. Reed, M.D.Address 8150 Grand River Ave.