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

Do not use this space.
12175B

1. PLACE OF DEATH
County: Lafayette
Township:
City: (No. ; St. Ward)

Registration District No. 460
Primary Registration District No. 5624-a

File No.
Registered No. 37

2. FULL NAME Mary Riley

(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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND~~ OF (OR) WIFE OF: D R Riley

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan 22 1891

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
36	3	—	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House Wife
(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): Lafayette Co Mo

PARENTS
10. NAME OF FATHER: James Bostick
11. BIRTHPLACE OF FATHER (CITY OR TOWN):
(STATE OR COUNTRY): Lafayette Co Mo
12. MAIDEN NAME OF MOTHER: Margaret Warren
13. BIRTHPLACE OF MOTHER (CITY OR TOWN):
(STATE OR COUNTRY): Kentucky

14. INFORMANT: D R Riley
(Address): Higginsville Mo

15. FILED 4-23, 1927 Bessie Porter
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Apr. - 22 1927

17. I HEREBY CERTIFY, That I attended deceased from April 14, 1927, to Apr. 22, 1927, that I last saw h. alive on Apr. 14 —, 1927, and that death occurred, on the date stated above, at 5 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Tuberculosis - pulmonary
3 M
31
ONE (duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Recently moved to present addr.
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? History of exposure & physical findings
(Signed) W O K Oppenbrook, M. D
4/22, 1927 (Address) Higginsville 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: Bonded Cemetery
DATE OF BURIAL: 4/23 1927

20. UNDERTAKER: A S Lodge
ADDRESS: Higginsville Mo

Any 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.

Mathew Barker

Odessa