

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

Do not use this space.

27 1079
1. PLACE OF DEATH

County Pettis

Registration District No. 668

File No. 22249

Township Ledalia

Primary Registration District No. 3032

Registered No. 187

City Ledalia (No. _____) St. _____ Ward _____

2. FULL NAME Robert Lee 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr 3-1881

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
48 2 1

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work _____
(b) General nature of industry, business, or establishment in which employed (or employer) Stockman
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) _____

10. NAME OF FATHER R Riley

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) _____

12. MAIDEN NAME OF MOTHER Margaret White

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) _____

14. INFORMANT Mrs Lee Riley (Address) Ledalia Mo

15. FILED 6-10-29 1929 J. P. Love REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 4 1929

17. I HEREBY CERTIFY, That I attended deceased from April 1929 to June 4 1929, that I last saw him alive on June 4 1929, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH** WAS AS FOLLOWS:
Cerebral hemorrhage

(duration) _____ yrs. _____ mos. _____ da.

CONTRIBUTORY Endocarditis (SECONDARY)

(duration) 1 yrs. _____ mos. _____ da.

18. WHERE WAS DISEASE CONTRACTED _____ (CITY OR PLACE OF BIRTH) _____

(D) DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) M. P. Sharp _____ H. D. _____, 19 _____ (Address) Ledalia 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 Ledalia Mo DATE OF BURIAL June 6 1929

20. UNDERTAKER Bellegrin Ledalia ADDRESS _____

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.

MISSOURI STATE BOARD OF HEALTH—THIS IS A PERMANENT RECORD

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