

REC'D AUG 25 1938

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

25896  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Marion Registration District No. 527  
 (b) Township Marion Primary Registration District No. 3079  
 (c) City Linnell (d) Street No. 2100 Benton St. \_\_\_\_\_  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. da. \_\_\_\_\_  
 2. PRINT FULL NAME Riley Emily Riley Hood  
 (a) Residence, No. 2100 Benton St.  (If nonresident, 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) Married  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 10, 1861  
 7. AGE YEARS 76 MONTHS 10 DAYS 13 If LESS than 1 day, ..... hrs. or ..... min.  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Switchman  
 9. Industry or business in which work was done, as 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) Ohio  
 13. NAME James Riley  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio  
 15. MAIDEN NAME Mary Shaver  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio  
 17. INFORMANT (ADDRESS) Benny Riley  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Stoutsville Mo. DATE 7-25-38  
 19. FUNERAL DIRECTOR (ADDRESS) Jay C. Campbell  
 20. FILED July 25 1938 H. C. Gresham Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 23, 1938  
 22. I HEREBY CERTIFY That G attended deceased from July 15, 1938, to July 23, 1938  
 I last saw him alive on July 25, 1938. Death is said to have occurred on the date stated above, at 9:30 am.  
 The principal cause of death and related causes of importance were as follows:  
Chronic Myocarditis  
1938  
 Other contributory causes of importance: Gangrene of left foot  
 Name of operation None Date of \_\_\_\_\_  
 What test confirmed diagnosis? Clinical Was there an autopsy? No  
 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? No  
 If so, specify \_\_\_\_\_  
 (Signed) B. L. Murphy, M. D.  
 (Address) 1132 S. 4th

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.

STATEMENT BY LICENSED EMBALMER

I, Michael J. O'Donnell, Licensed Embalmer No. 3246

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Myself

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed Michael J. O'Donnell

Licensed Embalmer No. 3246

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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CERTIFICATE OF DEATH

25-896  
Do not use this space.

1. PLACE OF DEATH

(a) County Marion Registration District No. 547  
 (b) Township..... Primary Registration District No. 3029  
 (c) City Hannibal (d) Street No.....  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 206

2. PRINT FULL NAME Robert Elmer Riley

(a) Residence, No. .... St.   
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 23, 1938

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

22. I HEREBY CERTIFY, That I attended deceased from 19... to 19...  
 I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at.....m.

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
76 10 13

Chronic Myo. Carditis Date of onset 1930

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year).....  
 11. Total time (years) spent in this occupation.....

Other contributory causes of importance:  
Gangrene of left foot  
Arterio-sclerotic type of gangrene.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Name of operation..... Date of.....  
 What test confirmed diagnosis?..... Was there an autopsy?.....

FATHER 13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

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.....

20. FILED 19

24. Was disease or injury in any way related to occupation of deceased? No.  
 If so, specify B. L. Murphy, M. D.  
 (Address) Hannibal mo

Local Registrar.

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.  
 CAUSE OF DEATH in plain terms, so that it can be properly classified. Exact statement of OCCUPATION is very important.

