

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.

NOV 17 1938

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

36116
Do not use this space.

1. PLACE OF DEATH

(a) County Lafayette Registration District No. 465

(b) Township Waverly Primary Registration District No. 4278 Registered No. 17

(c) City Waverly (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) _____ 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. ds.

2. PRINT FULL NAME Mosby Riley

(a) Residence, No. _____ (Usual place of abode, if no street address, write county or city) _____ (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) Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 31st 1863

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>75</u>	<u>2</u>	<u>22</u>	

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer (Retd.)

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) Winchester, Va. (STATE OR COUNTRY)

FATHER 13. NAME Moses Riley

14. BIRTHPLACE (CITY OR TOWN) No history (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Sarah F. Steele

16. BIRTHPLACE (CITY OR TOWN) No history (STATE OR COUNTRY)

17. INFORMANT Frank Riley (ADDRESS) Waverly Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Waverly Cem. DATE Oct 25 1938

19. FUNERAL DIRECTOR Willis Funeral Home (ADDRESS) Carrollton, Mo

20. FILED 10/24 1938 Clayton H. Landrum Local Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from 3-3 1937 to 10-23d 1938

I last saw him alive on 10-23d 1938 Death is said to have occurred on the date stated above, at 12:15A The principal cause of death and related causes of importance were as follows:

Cardiovascular Renal disease

Other contributory causes of importance: Pneumonia Lobes

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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) Gesa Kelling, M. D.

(Address) Waverly Mo

Date of onset 3:337

108

2/1937

RECEIVED
District Health Officer No. 8
District File Number 11/4/38
Date Filed

STATEMENT BY LICENSED EMBALMER

I, J. E. Willis, Licensed Embalmer No. 1783
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E.
No. or by Registered Apprentice No.
working under my personal supervision.

Signed J. E. Willis
Licensed Embalmer No. 1783

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.)