

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

35342
Do not use this space.

1. PLACE OF DEATH

(a) County Adair Registration District No. 4
 (b) Township 1 Primary Registration District No. 3001 Registered No. 259
 (c) City Kirksville (d) Street No. Laughlin Hospital St.
 (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.

2. PRINT FULL NAME Lillie Edith Riney

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 4, 1886

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
53 8 19

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmwife
 9. Industry or business in which work was done, as saw mill, bank, etc. Agriculture
 10. Date deceased last worked at this occupation (month and year) Feb. 1939 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lewis County Mo. 0

FATHER 13. NAME Louis Henry Bick ?

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 0

MOTHER 15. MAIDEN NAME Amelia Hess

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clark County Mo.

17. INFORMANT (ADDRESS) Mary Margaret Ellison Williamstown, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Patrick, Mo DATE Oct. 25, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Davis Funeral Home Kirksville, Mo.

20. FILED Oct. 25, 1939 Spencer L. Freeman Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 23, 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct 23, 1939, to Oct 23, 1939.
 I last saw him alive on Oct 23, 1939. Death is said to have occurred on the date stated above, at 6:50 p.m.

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

Cancer of the rectum
4/6

Other contributory causes of importance:
myocardial degeneration
mitral stenosis with incompetency

Name of operation Neo-Calyotomy Date of Oct 23-39
 What test confirmed diagnosis? Laboratory 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?
 If so, specify (Signed) Wm H. Braver M.D.

(Address) Kirksville, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

30-543-3 I x16005

RECEIVED

District Health Officer No. 10

District File Number *(1-39-201)*

Date Filed *NOV 15 1939*

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *Harold V. Wagoner*

Licensed Embalmer No. *4076*

P. O. Address *Ficksville, Md.*

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.)

If this body is not embalmed, above space should be left blank.