

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.

PLACE OF DEATH		MISSOURI STATE BOARD OF HEALTH	
BUREAU OF VITAL STATISTICS		CERTIFICATE OF DEATH	
County _____	Registration District No. <u>791</u>	File No. <u>6986</u>	
Township _____	or	Primary Registration District No. <u>1003</u>	Registered No. <u>1327</u>
Village _____	or	City <u>St. Louis Mo.</u> (NO. <u>St. L. McLaughly Hoop</u> 19 Ward)	(If death occurred in a hospital or institution, give its NAME instead of street and number)
FULL NAME <u>John J. Riley</u>			

PERSONAL AND STATISTICAL PARTICULARS		
SEX <u>Male</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED WIDOWED OR DIVORCED <u>single</u> (Write the word)
DATE OF BIRTH <u>near</u> <u>2</u> , <u>1850</u> (Month) (Day) (Year)		
AGE <u>61</u> yrs. <u>11</u> mos. <u>7</u> ds.		IF LESS than 1 day, ___ hrs. or ___ min.?
OCCUPATION (a) Trade, profession, or particular kind of work <u>Printer</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____		
BIRTHPLACE (City or town, State or foreign country) <u>Penn.</u>		
PARENTS	NAME OF FATHER <u>James Riley</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Ireland</u>	
	MAIDEN NAME OF MOTHER <u>Catherine W. Cab</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Ireland</u>	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Frank Riley</u> (ADDRESS) <u>Alton Ill.</u>		
Filed <u>Feb -9 1912</u>	<u>Max Starkoff</u> REGISTRAR	

MEDICAL CERTIFICATE OF DEATH	
DATE OF DEATH <u>February</u> <u>9</u> , 191 <u>2</u> (Month) (Day) (Year)	
I HEREBY CERTIFY, that I attended deceased from <u>Feb 1</u> , 191 <u>2</u> , to <u>February 9</u> , 191 <u>2</u> , that I last saw him alive on <u>February 8</u> , 191 <u>2</u> , and that death occurred, on the date stated above, at <u>2<sup>19</sup></u> A. m.	
The CAUSE OF DEATH* was as follows: <u>Uremia</u> <u>Chronic Indurated Nephritis</u> <u>131</u> <u>137B</u> (Duration) ___ yrs. ___ mos. <u>2</u> ds.	
Contributory (SECONDARY) <u>Heart Disease</u> (Duration) ___ yrs. ___ mos. ___ ds. (Signed) <u>W. H. M. M. M.</u> M. D. <u>Feb -9 1912</u> (Address) <u>2424 N. Grand Ave</u>	
*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death ___ yrs. ___ mos. <u>9</u> ds. In the State ___ yrs. ___ mos. <u>9</u> ds.	
Where was disease contracted If not at place of death? Former or usual residence <u>Alton, Ill.</u>	
PLACE OF BURIAL OR REMOVAL <u>Alton, Ill.</u>	DATE OF BURIAL <u>2-9-1912</u>
UNDERTAKER <u>Cullen Kelly</u>	ADDRESS <u>2735 Cass Ave</u>

