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

Do not use this space.

20702

1. PLACE OF DEATH

County: Buchanan — Registration District No. 85

Township: — Primary Registration District No. 1001

City: St. Joseph (No. Sisters Hospital St. Ward)

File No.

Registered No. 751

2. FULL NAME: Sarah Elizabeth Riley

(a) Residence. No. St. 7 Ward. Stanberry, Mo.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

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: M.C. Riley.

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan. 2nd 1869

7. AGE: Years 58 | Months 6 | Days 12 | If LESS than 1 day, hrs. or min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana

PARENTS

10. NAME OF FATHER: Geo. H Anderson

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

12. MAIDEN NAME OF MOTHER: Sarah Wilson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Indiana Penn.

14. INFORMANT: M.C. Riley
(Address) Stanberry Mo

15. FILED 15 19 27 — John G. [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

5

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 14 1927

17. I HEREBY CERTIFY, That I attended deceased from July 8, 1927, to July 14, 1927, that I last saw her alive on July 9 1927, and that death occurred, on the date stated above, at 8 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Intestinal Paresis 48 hrs
Ileus 48 hrs
Shock

46

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY): Ovarian Cyst. Fibroid of Uterus + Carcinoma of Cervix

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Stanberry Mo.

DID AN OPERATION PRECEDE DEATH? Yes DATE OF July 12-1927

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Pathological microscopic examination of Ovarian cyst by [illegible]

(Signed) Carl Poller, M.D.

July 19 1927 (Address) 731 Faraon

*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: Stanberry Mo — DATE OF BURIAL: 17 1927

20. UNDERTAKER: J C Odenwalt — ADDRESS: 216 Do 10th

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.

PERMANENT RECORD