OCT 25 1927

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

Do not use this space.

26650

1. PLACE OF DEATH
County Callaway — Registration District No. 104 — File No.
Township — Primary Registration District No. 3008 — Registered No. 190
City Fulton (No. ..... St. ..... Ward)

2. FULL NAME Riley Leonard
(a) Residence. No. ..... St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 1 yrs. 11 mos. 18 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) No information

7. AGE: Years 39 | Months no information | Days | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Laborer
(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) No information

PARENTS
10. NAME OF FATHER No information
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) No information
12. MAIDEN NAME OF MOTHER No information
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) No information

14. INFORMANT Hospital Records
(Address) Fulton Mo

15. Sept 19 1927 R. N. Crews
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 17 1927

17. I HEREBY CERTIFY, That I attended deceased from Sept. 15, 1927, to Sept. 17, 1927 that I last saw him alive on Sept. 17, 1927, and that death occurred, on the date stated above, at 5:00 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Dilitation of the heart
90 D
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Acute Mania
84
SSB
(duration) ..... yrs. ..... mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? —
0 DID AN OPERATION PRECEDE DEATH? No DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) T. R. Frazer, M. D
9-17-, 1927 (Address) Fulton Mo

*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: New Florence, Mo.
DATE OF BURIAL: D.K. 19

20. UNDERTAKER: Herndon-Taylor Furn-Co.
ADDRESS: Fulton. Mo.