

1928

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

Do not use this space.

File No. **14384**
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH

County Pike Registration District No. 689
Township Buffalo Primary Registration District No. 333
City Louisiana (No. _____) St. _____

2. FULL NAME Dloyd Riley

(a) Residence No. _____ St. 2 Ward _____
(Usual place of abode) (if nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. 10 mos. 05 How long in U.S., if of foreign birth? yrs. _____ mos. _____ da. _____

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dec 24 - 1905

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 12-24-05

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
42 3 14

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

9. BIRTHPLACE (CITY OR TOWN) Munden Mo
(STATE OR COUNTRY)

10. NAME OF FATHER Jimm Riley

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

12. MAIDEN NAME OF MOTHER Minnie Moyer

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Montana
(STATE OR COUNTRY)

14. INFORMANT Wm Deweese
(Address) Louisiana Mo

15. FILED 49 1928 Fesamb REGISTRAR

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 7 1928

17. HEREBY CERTIFY That I attended deceased from 6 to 7 April - 28 1928 to 7 to 8 April - 20 1928 that I last saw him alive on April 7 1928, 1928, and that death occurred, on the date stated above at 6:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Endocarditis
Edema of throat

CONTRIBUTORY (SECONDARY) Syphilis (duration) _____ yrs. _____ mos. _____ da.

18. WHERE WAS DISEASE CONTRACTED Louisiana Mo
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical
(Signed) J. M. O'Neil M. D. April 7 1928 (Address) Louisiana 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 Munden Mo DATE OF BURIAL 4/9 1928

20. UNDERTAKER W. F. Suda ADDRESS Louisiana Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

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