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

Do not use this space.

399

3,494

File No. .....
Registered No. 4131

1. PLACE OF DEATH
County Jackson
Registration District No. .....
Township .....
Primary Registration District No. .....
City of Kansas City (No. 4215 Baltimore St. .....Ward)

2. FULL NAME Nora Riley
(a) Residence. No. 4215 Baltimore St. 7 Ward.
(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 fe
4. COLOR OR RACE wh
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown

7. AGE about 78 YEARS MONTHS DAYS If LESS than 1 day, ...hrs. or ....min.

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

9. BIRTHPLACE (CITY OR TOWN) Ireland
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Mr Feehan
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ireland
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

14. INFORMANT John Riley
(Address) 4227 Baltimore

15. FILED 10/3, 1928 M. M. Crane
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 3 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan 10th, 1928, to Oct 2nd, 1928, that I last saw h..... alive on Oct 2nd, 1928, and that death occurred, on the date stated above, at 2:45 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Old age + Uterine Cancer
LHC
102 H C
(duration) ....yrs. ....mos. 9 ds.
CONTRIBUTORY (SECONDARY) Simplicity
(duration) ....yrs. ....mos. ....ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical evidence
(Signed) E. F. Henderson, M. D.
10/3, 1928 (Address) 3528 Montgall ave

*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 Shannee Cemetery — DATE OF BURIAL 10/5/1928
20. UNDERTAKER F. F. Dorsell Co — ADDRESS 3742 Main

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.