

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.

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

Do not use this space.

1478

## 1. PLACE OF DEATH

County JacksonRegistration District No. 399Township WagonPrimary Registration District No. 1002City Kansas City Mo(No. Old City Hospital)

File No. \_\_\_\_\_

Registered No. 65

St. \_\_\_\_\_

Ward \_\_\_\_\_

## 2. FULL NAME

(a) Residence. No. 1306 PaseoSt. 2

Ward. \_\_\_\_\_

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 21 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

Colored

## 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Widow

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

Widow

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

Sept 2 - 1881

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

47329

## 8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

House Keeper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

## 9. BIRTHPLACE (CITY OR TOWN)

Shelbyville, Ky

(STATE OR COUNTRY)

## 10. NAME OF FATHER

Henry Riley

## 11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Shelbyville

(STATE OR COUNTRY)

Ky

## 12. MAIDEN NAME OF MOTHER

Maud Ellen

## 13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Shelbyville

(STATE OR COUNTRY)

Ky.

## 14.

INFORMANT

(Address)

Brown Eunice1306 Paseo

## 15.

FILED

Jan 7, 1929 M. M. Moore

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

## 16. DATE OF DEATH (MONTH, DAY AND YEAR)

1-11929

## 17.

I HEREBY CERTIFY, That I attended deceased from

12-2818

to

1-11929that I last saw him alive on 1-1, 1929, and that death occurred, on the date stated above, at 6 A.M. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Acute Cardiac Dilatation122A122BVery Recent

(duration)

yrs.

mos.

ds.

## CONTRIBUTORY (SECONDARY)

Jaundice - HerniaIntestinal obstruction

(duration)

yrs.

mos.

ds.

## 18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

1-1-29 yes. DATE of 1-1-29

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

Dr. H. M. Smith, M. D.

1/2, 1929 (Address)

Old City Hosp

\*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

DATE OF BURIAL

Highland1/8 1929

## 20. UNDERTAKER

ADDRESS

AB Moore1820 E 18th

