

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

Do not use this space.

22193

1. PLACE OF DEATH

County Osark Registration District No. 645
 Township Barren Fork Primary Registration District No. 3-8-5-6
 City..... (No. St. Ward)

2. FULL NAME Martha Ann Riley

(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 4 19 29

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

17. I HEREBY CERTIFY, That I attended deceased from June 1 19 29 to June 4 19 29 and that I last saw h. or alive on June 4 19 29 and that death occurred, on the date stated above, at 1:30 A. M.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 5, 1902

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pernicious Anemia

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
27 1 1

CONTRIBUTORY (SECONDARY) Drunkness (duration) 9 yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....
 DID AN OPERATION PRECEDE DEATH?..... DATE OF.....
 WAS THERE AN AUTOPSY?.....
 WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) L. W. Taylor, M. D.
 , 19 (Address) Almartha, Mo.

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

10. NAME OF FATHER E. L. Riley

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Scotland,
 (STATE OR COUNTRY) Ark.

12. MAIDEN NAME OF MOTHER A. J. Hlye

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

14. INFORMANT A. J. Riley
 (Address) Almartha, 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 Herndon cemetery DATE OF BURIAL June 5 19 29

15. FILED June 30 19 29 Helen M. Ehrlich
 Deputy REGISTRAR

20. UNDERTAKER H. P. Wade ADDRESS Almartha Mo.

27 1929
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 Every year or 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.
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