

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

Do not use this space.

31174
2

1. PLACE OF DEATH

County Jasper
Township Asbury
City Asbury (No.)

Registration District No. 418
Primary Registration District No. 5372

File No.
Registered No. 126
St. Ward)

2. FULL NAME John Sidmon Riley

(a) Residence. No. Asbury Mo. 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

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mrs. Amy Riley</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>June 26th. 1860.</u>		
7. AGE YEARS <u>69</u>	MONTHS <u>2</u>	DAYS <u>11</u>
If LESS than 1 day, hrs. or min.		

8. OCCUPATION OF DECEASED

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

(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) Pennsylvania

PARENTS	10. NAME OF FATHER <u>John Riley</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>
	12. MAIDEN NAME OF MOTHER <u>Rebecca Cooper</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Pennsylvania</u>

14. INFORMANT Mrs. Amy Riley
(Address) Oplis Kans.

15. FILED Sept 29 1929 W. H. Coleman REGISTRAR
Sept 7, 29.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sep. 7th. 1929

17. I HEREBY CERTIFY, That I attended deceased from Sept 2 1929 to Sept 7 1929 that I last saw him alive on Sept 7 1929, and that death occurred, on the date stated above, at 12:05 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carotid Artery Laceration
SK
2 1/2 (duration) 3 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 1/2 (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?

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) W. H. Coleman, M. D.

9/7 1929 (Address) Webb City 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 DATE OF BURIAL
Georgia City 9/8/29 19

20. UNDERTAKER ADDRESS
Steele Und. Co. Webb City Mo.

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

NOV 5 1929

