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

Do not use this space.

38140

1. PLACE OF DEATH
County Randolph — Registration District No. 735
Township — Primary Registration District No. 3034
City Moberly (No. 525 Madison St. Ward)

File No.
Registered No. 231

2. FULL NAME Lydia Johnson Riesbeck
(a) Residence. No. 525 Madison 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 5th 1848

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	81	2	21	

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)
(STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER William Spratley
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) England
12. MAIDEN NAME OF MOTHER Mary Cady
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Pa

14. INFORMANT W. R. Kinsworthy
(Address) Moberly, Mo

15. FILED 12-5, 1929 Dr Thos. S. Fleming REGISTRAR

3

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 26th 1929

17. I HEREBY CERTIFY, That I attended deceased from Nov. 3 1929 to Nov. 26 1929 that I last saw her alive on Nov. 26 1929 and that death occurred, on the date stated above, at 8:25 p.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:*
Myocardial insufficiency
730
9.7
(duration) several yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Sclerosis Senility
(duration) several yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Lab.
(Signed) L. E. Hyde M. D.
11-27, 1929 (Address) Moberly 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 St Louis Mo — DATE OF BURIAL 11-29th 1929
20. UNDERTAKER Mahan & Son — ADDRESS Moberly, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.