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

39466

File No.
Registered No. 314

1. PLACE OF DEATH
County: Vernon
Township: Washington
City: (No. , St. , Ward)
Registration District No. 875
Primary Registration District No. 6162

2. FULL NAME: Edwin S. Riley
(a) Residence. No. State Hospital #3 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. 11 mos. 16 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): wid.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mary B. McSherrill

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 7, 1865

7. AGE: Years 64 | Months 6 | Days 4 | If LESS than 1 day, hrs. or min.

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

9. BIRTHPLACE (CITY OR TOWN): NY
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER: Edw. W. Riley
11. BIRTHPLACE OF FATHER (CITY OR TOWN): NY
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER: Ann McSherrill
13. BIRTHPLACE OF MOTHER (CITY OR TOWN):
(STATE OR COUNTRY): Ireland

14. INFORMANT: Harriett Rice
Westport Sta. Kansas City, Mo.

15. FILED: Dec. 26 1929 Mo.
12/26/29 - E. R. King REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Nov. 11 1929

17. I HEREBY CERTIFY, That I attended deceased from Nov. 26, 1928, to Nov. 11, 1929, that I last saw h. alive on " " 1929, and that death occurred, on the date stated above, at 7-15 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute gastro-enteritis
(duration) yrs. mos. 10 ds.
CONTRIBUTORY (SECONDARY): Arteriosclerosis
(duration) ? 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
(Signed) I. F. D'Dell, M. D.
Nov. 11, 1929 (Address) Nevada 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: Kansas City Kans. DATE OF BURIAL: 11-12 1929
20. UNDERTAKER: Allen Hays ADDRESS: Nevada Mo.

Wash Pool 3596