

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

Do not use this space.

665

1. PLACE OF DEATH

County Dyer
Township Mursum
City _____

Registration District No. 266
Primary Registration District No. 5347

File No. _____
Registered No. 85
St. _____ Ward) _____

2. FULL NAME

(a) Residence. No. _____ St. _____ Ward. _____
(Usual place of abode)
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. (If nonresident, give city or town and State)

Mrs. Ellis Riley

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July - 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 6 18

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

9. BIRTHPLACE (CITY OR TOWN) Dyer County
(STATE OR COUNTRY)

10. NAME OF FATHER Wiley Dyer

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Tenn
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Don't know
(STATE OR COUNTRY)

14. INFORMANT Ed Ferrell
(Address) Salem Mo.

15. FILED 1/23 1930 W.E. Rudd, M.D.
REGISTRAR

4 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1/23 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 20th, 1930, to Jan 23rd, 1930, and that I last saw her alive on Jan 20th, 1930, and that death occurred, on the date stated above, at 7 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Endocarditis } chronic
Nephritis

92H (duration) 15 yrs. mos. ds.

CONTRIBUTORY genitidity & Arterio Sclerosis
(SECONDARY) (duration) 10 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? No DATE OF _____

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS usual Physical
(Signed) W.E. Rudd, M.D.

, 19 (Address) Salem, 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 Ellis Cemetery DATE OF BURIAL 1/25 1930

20. UNDERTAKER W.E. Rudd ADDRESS Salem Mo.

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.

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