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

Do not use this space.

7697

1. PLACE OF DEATH
County Boone
Township ~~Columbia~~
City Columbia (No. ..... St. ..... Ward)

Registration District No. 73
Primary Registration District No. 3006

File No. .....
Registered No. 55

2. FULL NAME Cary Helen Riley
(a) Residence. No. 1209 Moore Blvd 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 Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 19-1914

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
15	3	6	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work G. School Girl
(b) General nature of industry, business, or establishment in which employed (or employer) 210G
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Boone County
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER C. H. Riley
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Michigan
12. MAIDEN NAME OF MOTHER Heneretta Kommerau ~~Riley~~
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Boone Co.
(STATE OR COUNTRY) Missouri

14. INFORMANT Heneretta Riley
(Address)

15. FILED 3-27, 1930 Beatrice Grubbs REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-25-1930

17. I HEREBY CERTIFY, That I attended deceased from Mch 25-30, 1930, to ——, 19..... that I last saw h. x alive on ——, 19....., and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Crushed & Killed by Freight or Produce Truck — accidental on highway #40 in Columbia — (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) x (duration) ..... yrs. ..... mos. ..... ds.

1880

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? No. DATE OF .....
WAS THERE AN AUTOPSY? No. No.
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) E. G. Davis, Coroner, M.D.
, 19 (Address) Columbia 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 Rachpart MO
DATE OF BURIAL 3-27 1930

20. UNDERTAKER Parker Fum Co
ADDRESS Columbia, Mo

W V W

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.