

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

Do not use this space.

8227

APR 28 1930

**1. PLACE OF DEATH**

County DeWitt Registration District No. 266 File No. \_\_\_\_\_  
 Township Springfield Primary Registration District No. 5370 Registered No. 700  
 City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Sam Riley  
 (a) Residence No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 4 da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 1 - 1845

7. AGE 85 YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 6

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Laborer  
 (b) General nature of industry, business, or establishment in which employed (or employer) Lumber yard  
 (c) Name of employer for Trico

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

10. NAME OF FATHER Don't know

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know

12. MAIDEN NAME OF MOTHER Don't know

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

14. INFORMANT (Address) John Hays

15. FILED 3/8 1930 W. E. Rudd, M.D. REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3/7 1930

17. I HEREBY CERTIFY, That I attended deceased from Feb 28, 1930, to March 7, 1930, that I last saw him alive on Feb 6, 1930, and that death occurred, on the date stated above, at 3:15 P.M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Myocarditis  
 (duration) 10 yrs. mos. da. approx  
 CONTRIBUTORY (SECONDARY) Nephritis  
 (duration) 5 yrs. mos. da. April

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? Mural Physical  
 (Signed) W. E. Rudd, M. D.  
 , 19 (Address) Salmon 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 Blochwell Cem DATE OF BURIAL 3/8 1930

20. UNDERTAKER N. P. Hobrow ADDRESS Salmon Mo

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.

