

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

Do not use this space.

40486

File No. \_\_\_\_\_  
Registered No. 17  
St. \_\_\_\_\_ Ward)

**PLACE OF DEATH**

County St. Clair Co  
Township Bethel  
City Laurie City, Mo. (No. \_\_\_\_\_)

Registration District No. 763  
Primary Registration District No. 4958

**2. FULL NAME**

James B. Riley

(a) Residence No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. \_\_\_\_\_

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 28, 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
74 0 1

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Retired Farmer  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Don't Know  
(STATE OR COUNTRY) St. Clair Co Mo

10. NAME OF FATHER George Riley

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Don't Know  
(STATE OR COUNTRY) \_\_\_\_\_

12. MAIDEN NAME OF MOTHER Catherine Melton  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) Don't Know

14. INFORMANT Annie Riley  
(Address) Laurie City, Mo

15. FILED 12/30 1930 Leo S Wright  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12/29/30 1930

17. I HEREBY CERTIFY, That I attended deceased from Nov 2 to Nov 29, 1930.  
that I last saw him alive on Nov 29, 1930, and that death occurred, on the date stated above, at 8:30 a.m.

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

Acute insufficiency of the heart with heart year or more  
950 (duration) yrs. mos. da.

**CONTRIBUTORY (SECONDARY)**

**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? \_\_\_\_\_

(Signed) E. S. Strutton, M. D.

12/30, 1930 (Address) Laurie City 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 DATE OF BURIAL

Fort Madison Cemetery near Keokuk Mo 1930

20. UNDERTAKER H. C. Austin ADDRESS Laurie City Mo

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.

Jan 22 1931

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