

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

Do not use this space.

**1. PLACE OF DEATH**

24 County Clay  
Township Hearney  
City \_\_\_\_\_ (No. \_\_\_\_\_)

Registration District No. 199  
Primary Registration District No. 5279a

File No. 9204  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Margaret 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 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) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W.B. Riley  
6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 19-1878  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
53 8  
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) 235  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri  
10. NAME OF FATHER Joseph S. Akers  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Mo  
12. MAIDEN NAME OF MOTHER Elizabeth Todd  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Mo

14. INFORMANT W.B. Riley  
(Address) Holt  
15. FILED 3/31 1931 Crowder REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 27 1931  
17. I HEREBY CERTIFY, That I attended deceased from Feb. 21 1931, to Mar. 26 1931 that I last saw her alive on Mar. 26 1931, and that death occurred, on the date stated above, at one a. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
82A  
107  
Cerebral Hemorrhage  
(duration) yrs. mos. 36 ds.  
CONTRIBUTORY (SECONDARY) Hypertension  
(duration) yrs. mos. ds. 2

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 symptoms  
(Signed) W. B. Belding M. D.  
Mar 30 19 31 (Address) Plattsburg 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  
Plattsburg Mo March 31 1931  
20. UNDERTAKER ADDRESS  
Leonard Jay Hearney

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. MAY 21 1931

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

