

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

Do not use this space.

9370

1. PLACE OF DEATH

34 County Douglas Registration District No. 1071
Township Walls Primary Registration District No. 5398
City..... (No.....) St..... Ward)

2. FULL NAME Frank Riley

(a) Residence, No. # Walls Township St..... Ward.....
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 30 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M.</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF <u>Mandy Riley</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar 2, 1872</u>		
7. AGE YEARS <u>58</u>	MONTHS <u>11</u>	DAYS <u>28</u>
If LESS than 1 day, hrs. or min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer. 1</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>On Farm.</u>	
	10. Date deceased last worked at this occupation (month and year) <u>Mar 1931</u>	
11. Total time (years) spent in this occupation <u>50</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo. 1</u>		
FATHER	13. NAME <u>Clairburn Riley</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>	
	15. MAIDEN NAME <u>Clark Tedrick</u>	
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>	
	17. INFORMANT <u>Matt Morrison</u> (ADDRESS) <u>Silverton, Mo.</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Dora, Mo</u> DATE <u>Mar 25, 1931</u>		
19. UNDERTAKER <u>Neighbors</u> (ADDRESS) <u>Dora, Mo</u>		
20. FILED <u>4/8</u> 1931. <u>E. Edwardson</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 29, 1931

22. I HEREBY CERTIFY, That I attended deceased from Mar 10, 1931, to Mar 15, 1931.
I last saw him alive on Mar 15, 1931. Death is said to have occurred on the date stated above, at 10 A. M.
The principal cause of death and related causes of importance were as follows:
Bronchial Pneumonia
107A 107A
Other contributory causes of importance: None.
Date of onset: 3/7/31

Name of operation none Date of.....
What test confirmed diagnosis Phys. Ex. Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....
Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury..... (1)

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify No.
(Signed) James R. Davis, M. D.
(Address) Noble, 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.

APR 21 1931

