

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

Do not use this space.

15878

1. PLACE OF DEATH
 County Greene Registration District No. 318
 Township Springfield Primary Registration District No. 2001
 City Springfield (No. 1958) Taylor File No. _____
 Registered No. 377 St. _____ Ward _____

2. FULL NAME
 (a) Residence, No. 1958 Taylor 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 male
 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 Nora Riley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 75-1888

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>44</u>	<u>3</u>	<u>5</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 237

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kan. 2

13. NAME W. H. Riley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 21

15. MAIDEN NAME Minnie Williams

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Mrs. Nora Riley no. Springfield Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Green Lawn DATE May 23 1932

19. UNDERTAKER (ADDRESS) J. W. Thumpey & Co. Springfield Mo.

20. FILED 5-12-32 19 2 Don Sharp Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-20-1932

22. I HEREBY CERTIFY, That I attended deceased from 5-14-1932 to 5-20-1932
 I last saw him alive on 5-19-1932 Death is said to have occurred on the date stated above, at 12 noon
 The principal cause of death and related causes of importance were as follows:
Angina pectoris Date of onset _____
944
112 940
 Other contributory causes of importance? Bronchial Asthma

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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 _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify When F. K. Wood, M. D.
 (Signed) _____ (Address) 450 1/2 E. Conant

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

ANN 22 1932

