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.

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

Do not use this space.

16034

1. PLACE OF DEATH

County JACKSON — Registration District No. 388

Township KAW — Primary Registration District No.

City KANSAS CITY (No. 3603, FLORA St. Ward)

File No.

Registered No. 1812

2. FULL NAME EDWARD RILEY

(a) Residence, No. 3603 FLORA St., 13 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~~ MRS. ELIZABETH RILEY

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) OCTOBER-29-1863

7. AGE: YEARS 68 — MONTHS 6 — DAYS 3 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 29

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) ENGLAND

FATHER

13. NAME EDWIN RILEY

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ENGLAND

MOTHER

15. MAIDEN NAME UNKNOWN

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

17. INFORMANT MRS. ELIZABETH RILEY (ADDRESS) 3603 FLORA AVE.

18. BURIAL, CREMATION, OR REMOVAL PLACE MEMORIAL PARK DATE MAY-3 1932

19. UNDERTAKER D. W. NEWCOMER'S SONS (ADDRESS) 2111 EAST 9TH ST.

20. FILED May 2 1932 M. M. Crowe Asst Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAY-1, 1932

22. I HEREBY CERTIFY, That I attended deceased from Apr 10, 1932 to April 30, 1932

I last saw ~~him~~ alive on April 30, 1932. Death is said to have occurred on the date stated above, at 10:45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	April
186A	
194B	
82A	
①	
Other contributory causes of importance: Injury falling public Library	15

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 Fell in public Library K C

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) W E Cramer, M. D.

(Address) 407 Argyle Bldg

Dr. William C. Kramer
407 Argyle Bldg.