

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

Do not use this space.

23335

1. PLACE OF DEATH

59 County Springston
1 Township Chillicothe
1 City Chillicothe (No. 1)

Registration District No. 508
Primary Registration District No. 3026

File No.
Registered No. 82
St. Ward)

2. FULL NAME

Jessie Maude 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) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George W Riley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb - 29 - 1860

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>72</u>	<u>4</u>	<u>23</u>	

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

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) Palmyra Mo

13. NAME Taylor Lehandler

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 31

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky 2

17. INFORMANT (ADDRESS) Rosetta Smith Chillicothe Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Palmyra Mo DATE July - 25 - 1932

19. UNDERTAKER (ADDRESS) Jas D Gordon Chillicothe Mo

20. FILED July 22 1932 P. Barnes Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July - 22 - 1932

22. I HEREBY CERTIFY, That I attended deceased from July 18, 1932 to July 22, 1932. I last saw her alive on July 22, 1932. Death is said to have occurred on the date stated above, at 11:38 a.m.

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

Intestinal Dysentery

Date of onset

Other contributory causes of importance: 1

Name of operation Date of
What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? No 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? No
If so, specify (Signed) R. J. Burman, M. D.
(Address) Chillicothe, Mo

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.

AUG 5 1932

