

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

Do not use this space.

26008

1. PLACE OF DEATH

41 County Harrison
Township Madison
City..... (No. St. Ward)

Registration District No. 336
Primary Registration District No. 5471

File No.
Registered No. 16

2. FULL NAME John Oliver 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. da.

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>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Barbary Elliott</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 25, 1855</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>76</u>	<u>7</u>	<u>29</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>
	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) <u>Nov. 1928</u>	11. Total time (years) spent in this occupation <u>50</u>

12. BIRTHPLACE (CITY OR TOWN) Near Cainsville
(STATE OR COUNTRY) Mo

13. NAME Isaac Riley

14. BIRTHPLACE (CITY OR TOWN) Macon
(STATE OR COUNTRY) Mo

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Roy O. Riley
Cainsville, Mo.

18. BURIAL, CREMATION OR REMOVAL PLACE Zion Cemetery DATE 8/26 1932

19. UNDERTAKER (ADDRESS) Ridgeway, Mo.

20. FILED 8/25 1932 E. E. Ocker
Registrar.

MEDICAL CERTIFICATE OF DEATH

3
21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 24 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug. 16 1932 to Aug. 24 1932
I last saw him alive on Aug. 23 1932. Death is said to have occurred on the date stated above, at 10:00 pm
The principal cause of death and related causes of importance were as follows:

3cc Cerebral Hemorrhage
802
930
Other contributory causes of importance: Fatty Heart 1st
Heart Block

Name of operation..... Date of.....
What test confirmed diagnosis?..... 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.....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.....
(Signed) H. Nally, M. D.
(Address) Cainsville, 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.

SEP 23 1932

