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

Do not use this space.

29142

File No. .....

Registered No. 38

1. PLACE OF DEATH

47 County Iron

Township Arcadia

City Ironton (No. ..... St. ..... Ward)

Registration District No. 391

Primary Registration District No. 5546a

2. FULL NAME Mrs F Anny Riley

(a) Residence, No. Mo. Home for Aged Baptists St., Ward.

(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 11 mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

OCT 26 1932

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Andrew J Riley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 1st 1844

7. AGE: Years 88 | Months 0 | Days 21 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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. house keeper

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) Coleraine North Carolina

FATHER

13. NAME Aquilla Oakley Riley

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

MOTHER

15. MAIDEN NAME Mary Reno

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

17. INFORMANT (ADDRESS) L Sappington Secy Baptist Home, Ironton, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Baptist Home cemetery DATE Sept 23 1932

19. UNDERTAKER (ADDRESS) S. E. Bond Ironton Mo

20. FILED Sept 23 1932 R. A. Rasch Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from June 30 1932 to Sept 22 1932

I last saw her alive on Sept 22 1932 Death is said to have occurred on the date stated above, at ..... m.

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

	Date of onset
Brights disease	
1932 13	

Other contributory causes of importance:

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) Edward L G Barnhouse M. D.

(Address) Ironton 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD