

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

Do not use this space.
33228

1. PLACE OF DEATH

83 County Putnam Registration District No. 695
 Township Putnam Primary Registration District No. 5922
 City Putnamville Mo Registered No. 875
3 Putnamville Mo St. 33 Ward

2. FULL NAME

(a) Residence, No. B.F.D. 3 Putnamville Mo. Ward. (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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 23 - 1866

7. AGE YEARS 66 MONTHS 2 DAYS 4 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sheet Metal
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 95
 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) Mo

MOTHER FATHER 13. NAME Riley

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

15. MAIDEN NAME No record

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

17. INFORMANT (ADDRESS) J. A. Riley

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park Oct. 29 1932

19. UNDERTAKER (ADDRESS) Wm. C. D. Foster

20. FILED 10/28/32 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 27, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 17, 1931, to Oct 27, 1932
 I last saw him alive on Oct 27, 1932 Death is said to have occurred on the date stated above, at 10:25 a.m.

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

Anaemia (Hone)
90 Congia undetermined
90
 Other contributory causes of importance: 90
Acute Pericarditis

Name of operation NO Date of NO
 What test confirmed diagnosis? NO Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? NO Date of injury NO, 19NO
 Where did injury occur? NO (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury NO
 Nature of injury NO

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify NO
 (Signed) Dr. Stanley Mares, M. D.
 (Address) 520 Professional Bldg.

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.

NOV 28 1932

