

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD APR 22 1933 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.

13867

1. PLACE OF DEATH

County Macou Registration District No. 527
 Township Brewer Primary Registration District No. 5703
 City Keota (No. _____ St. _____ Ward _____)

2. FULL NAME Emmett Riley, Jr.

(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 Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 6 1930

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	0	5	25	

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.
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Keota (STATE OR COUNTRY) Mo

FATHER 13. NAME James Riley
 14. BIRTHPLACE (CITY OR TOWN) Indian Territory (STATE OR COUNTRY) _____

MOTHER 15. MAIDEN NAME Mammie Osborn
 16. BIRTHPLACE (CITY OR TOWN) Adair County (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) James Riley Mo Keota

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Lanzada Mo DATE 4/2/33 19____

19. UNDERTAKER (ADDRESS) J. J. Edwards Mo Brewer

20. FILED 4-1 1933 Dave J. Edwards Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 19 1933
 22. I HEREBY CERTIFY, That I attended deceased from Mar 29 1933, to April 1 1933
 I last saw him alive on Mar 31 1933 Death is said to have occurred on the date stated above, at 9:30 AM.

The principal cause of death and related causes of importance were as follows:
Pneumonia (Bacterial) Date of onset Mar 20

Other contributory causes of importance: -
11A 11W

Name of operation None Date of _____
 What test confirmed diagnosis? Chest 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 _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____
 (Signed) Howard Miller M. D.
 (Address) Macou Mo

