

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

Do not use this space.

1. PLACE OF DEATH

County Monroe
Township Union
City (No. _____)

Registration District No. 580
Primary Registration District No. 5777

File No. 17225
Registered No. 8
St. _____ Ward _____

2. FULL NAME

Maggie Ream 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 <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>W. B. Riley</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>11/16/1877</u>		
7. AGE YEARS <u>55</u>	MONTHS <u>5</u>	DAYS <u>17</u> If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At Home</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) _____ 11. Total time (years) spent in this occupation _____	

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>
	13. NAME <u>Cornelia Urhart</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>
	15. MAIDEN NAME <u>Sessie Talman</u>
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>
	17. INFORMANT <u>W. B. Riley</u> (ADDRESS) <u>mobility 7nd RR</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Sharon Hill</u> DATE <u>May 14 1933</u>
	19. UNDERTAKER <u>Freda Thompson</u> (ADDRESS) <u>mason 7nd</u>
20. FILED <u>5/14/33</u> <u>Cl. Brink</u> Registrar.	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 3 1933
22. I HEREBY CERTIFY, That I attended deceased from Jan 25 1935, to May 3 1933
Last saw him alive on May 1 1933 Death is said

to have occurred on the date stated above, at 3:30 a. m.

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

Chronic Myocarditis Date of onset _____
93
102 930

Other contributory causes of importance:

Hypertension

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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) H. C. Buffsch, M. D.
(Address) mobility 7nd

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.

JUN 23 1935

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