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.

JAN 23 1934

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

Do not use this space.

30690-A

1. PLACE OF DEATH
County: St Clair
Township: Osceola
City: Osceola (No. ..... St. ..... Ward)

Registration District No. 765
Primary Registration District No. 4460

File No. .....
Registered No. 12

2. FULL NAME Elizabeth Riley

(a) Residence, No. Osceola St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dr. F. H. Riley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 6 1881

7. AGE: Years 52 | Months 8 | Days 5 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
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) Mediapolis Iowa

FATHER

13. NAME No data
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Dr. F. H. Riley Osceola Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Olathe Ks DATE Sept 12 1933

19. UNDERTAKER (ADDRESS) N. E. Julien Olathe Ks

20. FILED Dec 20 1933 Ruth Seevers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 11 1933

22. I HEREBY CERTIFY, That I attended deceased from April 1931, to Sept 11 1933.
I last saw her alive on Sept 11 1933. Death is said to have occurred on the date stated above, at 4:45 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma uterus	
about spring of 1929	

Other contributory causes of importance:

Name of operation Hysterectomy Complete Date of 1931
What test confirmed diagnosis? Laboratory 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? No
If so, specify .....

(Signed) W. Homer Sutton, M. D.
(Address) Osceola, Missouri

[illegible] Ontario
Ontario [illegible] [illegible] [illegible] 3
deceased
[illegible] H [illegible]

[illegible]
[illegible] I [illegible]
[illegible]

[illegible]
23 [illegible] 2
[illegible] 181
[illegible]
[illegible]

deceased
[illegible] [illegible]
deceased
deceased
[illegible]