

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.

AUG 23 1935

17199-~~11~~

1. PLACE OF DEATH 50

County Jefferson Registration District No. 420

Township W. 1st Primary Registration District No. 5574

City W. 1st No. St. Ward

2. FULL NAME Elizabeth Rieley

(a) Residence, No. 1255 St. P. O. St. Ward

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

Length of residence in city or town where death occurred yrs. mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

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 Fred Rieley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 22nd 1877

7. AGE YEARS 57 MONTHS 3 DAYS 17

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Keeper

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) (STATE OR COUNTRY) St Louis mo

13. NAME Frank Stewart

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

15. MAIDEN NAME Elizabeth Stewart

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

17. INFORMANT Don C. Rieley

(ADDRESS) St Louis mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St Matthews DATE May 17 1934

19. UNDERTAKER Richardson Mothershead

(ADDRESS) Osoto mo

20. FILED 5/11/34 19

 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 9th 1934

22. I HEREBY CERTIFY That I attended deceased from May - 8 - 1934 to May - 9 - 1934

I last saw her alive on May 8, 1934. Death is said to have occurred on the date stated above, at 50 m.

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

Mitral Regurgitation
of heart 92a not known

Other contributory causes of importance:
92a

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? NO

specify

(Signed) Walter Gibson M. D.

(Address) 26 St. Mo

