

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.

30389

SEP 18 1924

1. PLACE OF DEATH

County Pike
Township Amor
City (No. _____) _____

Registration District No. 684
Primary Registration District No. 5912

File No. _____
Registered No. 21
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 0 yrs. 0 mos. 0 ds. (If nonresident, give city or town and State)

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>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBANDS OF (OR) WIFE OF <u>Henry Riskey</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>July 11 - 1874</u>		
7. AGE <u>60</u>	YEARS <u>—</u>	MONTHS <u>—</u>
	DAYS <u>23</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>Retired</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 _____	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Fronton Mo</u>		
FATHER	13. NAME <u>Robert Mabry</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>	
MOTHER	15. MAIDEN NAME <u>Jane Ann Mabry</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Iron Co. Mo</u>	
17. INFORMANT <u>Mrs Mary Tally</u> (ADDRESS) <u>Bowling Green Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Love cemetery Iron Co Mo</u> DATE _____ 19____		
19. UNDERTAKER <u>W. A. Elmore</u> (ADDRESS) <u>Bowling Green Mo</u>		
20. FILED <u>9/18/24</u> 19____ <u>34</u> <u>W. H. Elmore</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-3 1924

22. I HEREBY CERTIFY, That I attended deceased from 7:21 1924, to 8-2 1924
I last saw him alive on 8-1-24 19____. Death is said to have occurred on the date stated above, at 5:45 a.m.
The principal cause of death and related causes of importance were as follows:
Heat Prostration
Date of onset 171

Other contributory causes of importance: MI

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? no
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. no

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) J. H. Hilsouer M. D.
(Address) Bowling Green Mo

