FEB 20 1935

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

Do not use this space.

File No. 343

Registered No. 5

1. PLACE OF DEATH

County: Butler — Registration District No.: 89

Township: — Primary Registration District No.: 3007

City: Poplar Bluff (No. Long Lee Hosp St. Ward)

2. FULL NAME Windell Sylvester Riley

(a) Residence, No. 8, Apt #1 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M.	W.	Single.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-1-1930

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
4	5	7	

OCCUPATION

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

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) Portageville Mo.

FATHER

13. NAME Charles Riley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Portageville Mo.

MOTHER

15. MAIDEN NAME Flora Jones

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Portageville Mo.

17. INFORMANT (ADDRESS) Chas. Riley Poplar Bluff

18. BURIAL, CREMATION, OR REMOVAL PLACE Country Farm DATE 1-8, 1935

19. UNDERTAKER (ADDRESS) Frank Und-Co- Poplar Bluff Mo.

20. FILED Jan 8, 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-7, 1935

22. I HEREBY CERTIFY, That I attended deceased from 12-24, 1934, to 1-7-, 1935

I last saw him alive on 1-7-, 1935. Death is said to have occurred on the date stated above, at 3 A. m.

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

	Date of onset
Acute intestinals	
Obstruction & peritonitis	15
Other contributory causes of importance:	
appendicitis	12/13/34

Name of operation appendectomy Date of 12/14/34

What test confirmed diagnosis? 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?

If so, specify

(Signed) [illegible], M. D.

(Address) Poplar Bluff Mo.

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.