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.

APR 27 1935

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

Do not use this space.

8629

1. PLACE OF DEATH

33 County Dent — Registration District No. 266 — File No.

1 Township — Primary Registration District No. X16X — Registered No. 25

2 City Salem (No. , St. Ward)

2. FULL NAME James William Riley

(a) Residence, No. 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: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 22 1898

7. AGE — YEARS: 37 — MONTHS: 0 — DAYS: 14 — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
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) Dent Co. Mo

FATHER

13. NAME Judge Riley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) --- Ky

MOTHER

15. MAIDEN NAME Zenia Riley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dent Co Mo

17. INFORMANT (ADDRESS) Mrs Epstein Salem Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Cedar Grove DATE 3 8/35 19

19. UNDERTAKER (ADDRESS) Carl K Spencer Salem Mo

20. FILED 3/8 1935 W. E. Rudd Jr. Sr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Wed, 6 1935, 19

22. I HEREBY CERTIFY, that I attended deceased from March - 1, 1935, to March - 5, 1935
I last saw him alive on 3 - 5, 1935 Death is said to have occurred on the date stated above, at 11:50 m P.M.
The principal cause of death and related causes of importance were as follows:

Tuberculos (Pulmonary) — Date of onset 1934

Other contributory causes of importance: D R 23

Name of operation None Date of
What test confirmed diagnosis? Hemoglobin Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? None 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 None
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) W. T. Dillon, M. D.
(Address) Salem Mo