

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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 17 1936

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

Do not use this space.

33500-1

1. PLACE OF DEATH

County Madison Registration District No. 618  
Township Madison Primary Registration District No. 5870  
City Madison No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Clarence Herman Riley

(a) Residence, No. \_\_\_\_\_ 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 male 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 Anna Riley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-29-1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
60 8 8

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

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) Calico, Mo.

13. NAME James Riley

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

15. MAIDEN NAME Mary C. Crawford

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

17. INFORMANT Clara H. Riley (ADDRESS) West Main St. Home

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill DATE Oct 10 1935

19. UNDERTAKER W. R. Harris (ADDRESS) Byrd St. Madison

20. FILED Oct 4 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from not at all, 1935, to \_\_\_\_\_, 1935.

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 1935. Death is said to have occurred on the date stated above, at 6:30 am.

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

Dr. skull-penetrating wound of forehead.

Other contributory causes of importance: Fr. ribs - crushing injury of chest - Fr. intestines.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Exam body Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury 10-7-1935

Where did injury occur? Highway - South of Lebanon Mo. Highway Co. (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. Public place

Manner of injury Auto collision  
Nature of injury as above

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_

(Signed) J. E. Howell, M. D.  
(Address) Corner W. Co. Co. Madison Mo

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