

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.

JAN 17 1936

40171

1. PLACE OF DEATH

County Lin Registration District No. 1196  
Township Brookfield Primary Registration District No. 3025  
City Brookfield (No.     ) St.      Ward     

2. FULL NAME

(a) Residence, No. 524 South 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 OF RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 13-1863

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
72 8 17

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shoe Worker

10. Date deceased last worked at this occupation (month and year) 1930 11. Total time (years) spent in this occupation     

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brookfield, Mo

13. NAME Lev H Riley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brookfield, Mo

15. MAIDEN NAME Virginia Glenn

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

17. INFORMANT Henry C Riley (ADDRESS)     

18. BURIAL, CREMATION, OR REMOVAL PLACE Brookfield DATE Dec 31 35

19. UNDERTAKER Hunt, Rallins (ADDRESS) Brookfield

20. FILED Jan 9, 1936 J. Shucroft Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-30-1935

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1933, to 12-30, 1935

I last saw him alive on 12-29, 1935. Death is said to have occurred on the date stated above, at 8:10 a. m.

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

Cerebral Hemorrhage Date of onset 12-29-35

Other contributory causes of importance     

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?     

If so, specify     

(Signed)     , M. D.

(Address) Brookfield, Mo

