

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.

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1. PLACE OF DEATH

County BuchananRegistration District No. 82File No. 3Township WaynePrimary Registration District No. 5128Registered No. 3City Wayne(No. 10 Miles South of St. Joseph, Mo. St. Wayne Ward)2. FULL NAME Rajenen Riley(a) Residence, No. 10 Miles South of St. Joseph, Mo. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 88 yrs. 0 mos. 25 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)Widowed5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OFIsaac N. Riley

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

December 22, 1847

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.88025

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.None.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
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Buchanan County
Missouri

FATHER

13. NAME

Solomon Long14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Unknown
Tennessee

MOTHER

15. MAIDEN NAME

Carrie Ann Boucher16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Unknown
Kentucky17. INFORMANT Sadie E. Riley
(ADDRESS) Halls, Missouri18. BURIAL, CREMATION, OR REMOVAL Bethel CemeteryPLACE De Kalb, Missouri DATE January 19, 193619. UNDERTAKER H. O. Sidenfaden
(ADDRESS) 1802 Union St., St. Joseph, Mo.20. FILED Jan 18 1936

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from

Jan 12, 1936, to Jan 17, 1936
Last saw him/her alive on Jan 15, 1936 Death is saidto have occurred on the date stated above, at 2:30 P. m.

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

Lobar pneumonia

Date of onset

Jan 14, 1936

Other contributory causes of importance

Name of operation 0 Date of 0What test confirmed diagnosis? Physical examination Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injury 0, 19Where did injury occur? 0

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. noManner of injury 0Nature of injury 024. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) H. Thompson, M. D.(Address) 825 Charles

