

APR 15 1936

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

Do not use this space.

9354

1. PLACE OF DEATH

County BuchananRegistration District No. 85
1001

Township

Primary Registration District No.

City St. Joseph(No. 1102 Corby)

File No.

Registered No. 357

St. _____ Ward _____

2. FULL NAME Margaret Juanita Riley(a) Residence, No. 1102 Corby St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 23 yrs. - mos. - ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

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) March 20, 1866.

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

691115

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 occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Bucklin Missouri

FATHER

13. NAME

Austin Riley

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

Unknown Ohio

MOTHER

15. MAIDEN NAME

Anna W. MacAndrews

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

Bradford England17. INFORMANT Mrs. I. T. Johns
(ADDRESS) 1102 Corby Str. St. Joseph Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE St. Olivet Cemetery
DATE March 9, 193619. UNDERTAKER H. O. Sidenfaden
(ADDRESS) 1802 Union Str. St. Joseph Mo.20. FILED 9 1936
REG. J. M. Bender
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 5, 1936.22. I HEREBY CERTIFY, That I attended deceased from Dec. 12, 1936 to Mar 4, 1936.
I last saw her alive on Mar 4, 1936 Death is said to have occurred on the date stated above, at 6:35p.

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

Angina Pectoris
after

Date of onset

Other contributory causes of importance:

Arterio-scl. gen-
erated; phle-
gecten.Name of operation none Date of _____
What test confirmed diagnosis? clin Was there an autopsy? no23. 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? no
If so, specify _____
(Signed) H. O. Sidenfaden, M. D.
(Address) 1802 Union Str. St. Joseph 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.

