

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

Do not use this space.

1. PLACE OF DEATH

County Nodaway
Township Polk
City (No.)

Registration District No. 625
Primary Registration District No. 5827

File No. 27490
Registered No. 81
St. Ward

2. FULL NAME Anna May 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 F	4. COLOR OR RACE W	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF David S. Riley		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 9, 1874		
7. AGE	YEARS	MONTHS
	32	5
		DAYS
		25
		IF LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
	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) Maitland, Mo.
(STATE OR COUNTRY)

MOTHER
13. NAME Frederick Konz

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

MOTHER
15. MAIDEN NAME Kathrine Zeigler

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

17. INFORMANT David S. Riley
(ADDRESS) Maryville, Mo.

18. BURIAL, CREMATION, OR REMOVAL Graham, Mo.
PLACE DATE July 5 1936

19. UNDERTAKER Price Funeral Home
(ADDRESS) Maryville, Mo.

20. FILED 7-5-36 Mame E. Clarke
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 4, 1936

22. I HEREBY CERTIFY That I attended deceased from Feb 1, 1936 to July 4, 1936

I last saw him alive on July 29, 1936 Death is said to have occurred on the date stated above, at 2:50 A.M.

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

Carcinoma of Rectum (Date of onset 1931)

Other contributory causes of importance:

Name of operation no Date of
What test confirmed diagnosis? X-ray Was there an autopsy? no

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) E. M. Finley, M. D.
(Address)

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.

WHITE EXHIBIT WITH CHARGING INSTRUMENTS A PERMANENT RECORD

