

OCT 21 1936

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

Do not use this space.

38750

1. PLACE OF DEATH

County Randolph
Township Salt Spring
City (No.) St. Ward

Registration District No. 733
Primary Registration District No. 3967

File No.
Registered No.

2. FULL NAME Jimmie Thomas 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 25 1913

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
22 10 14

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming
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) Randolph Co

FATHER 13. NAME Victor Riley

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

MOTHER 15. MAIDEN NAME Maggie Thomas

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

17. INFORMANT (ADDRESS) Mr Victor Riley
Huntsville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Pleasant Hill DATE Oct 11 1936

19. UNDERTAKER (ADDRESS) Tom B Patton
Huntsville Mo

20. FILED Oct 23 - 1936 Miss S. A. Barwick
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 9 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 5 1936, to Oct 9 1936

I last saw him alive on Oct 9 1936 Death is said to have occurred on the date stated above, at 12:30 p.m.

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

Lobar Pneumonia Date of onset Oct 7

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? No

If so, specify (Signed) D. S. H. Johnston

(Address) Huntsville 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.

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