

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.

DEC 30 1936

42198

1. PLACE OF DEATH *Platte*
County *Platte* Registration District No. *698*
Township *Weston* Primary Registration District No. *4420*
City *Weston* (No.) St. Ward

2. FULL NAME *Garrett 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 *Single*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Sept 6 1866*

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<i>70</i>	<i>2</i>	<i>15</i>	<i>at home</i>

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

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) *Weston MO*
(STATE OR COUNTRY)

13. NAME *Terence Riley*

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

15. MAIDEN NAME *Julia Quinn*

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

17. INFORMANT *John Riley*
(ADDRESS) *Weston Mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Rainey Hill* DATE *Nov 23 1936*

19. UNDERTAKER *J. J. Brill*
(ADDRESS)

20. FILED *11/22 1936* *J. J. Brill*
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Nov 21 1936*

22. I HEREBY CERTIFY, That I attended deceased from *Oct. 15 1936* to *Nov. 19 1936*
I last saw him alive on *Nov. 19 1936* Death is said to have occurred on the date stated above, at *9:30 A.M.*

The principal cause of death and related causes of importance were as follows:
*Acute pulmonary tuberculosis
gangrene of lungs
Acute Endocarditis
Bronchopneumonia*

Other contributory causes of importance:
Cholesterolemia

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) *R. J. Feilinger M. D.*
(Address) *Weston Mo*

