JAN 19 1937

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

Do not use this space.

44983

File No. 5566

Registered No.

1. PLACE OF DEATH

County Jackson — Registration District No. 399

Township Kaw — Primary Registration District No. 1002

City Kansas City (No. The Walnuts St. Ward)

2. FULL NAME MARY STUDEBAKER RILEY

(a) Residence, No. The Walnuts St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Nelson J. Riley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): January 14, 1861

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
75	11	11	

OCCUPATION

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) (STATE OR COUNTRY): Goshen Indiana

FATHER

13. NAME: Peter E. Studebaker

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

MOTHER

15. MAIDEN NAME: No record

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No record

17. INFORMANT (ADDRESS): Franklin S. Riley 1015 W. 54th St., Kansas City, Mo.

18. ~~[illegible]~~ REMOVAL

PLACE South Bend, Indiana DATE Dec. 1936

19. UNDERTAKER (ADDRESS): Stine & McClure 3235 Gillham Plaza

20. FILED 12-26 1936 M. M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): December 25, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 16, 1936, to December 25, 1936

I last saw her alive on December 24, 1936 Death is said to have occurred on the date stated above, at P. m. 4:50

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

	Date of onset
Carcinomatous metastases secondary to carcinoma of breast.	7 mos or more
Metastases in bread warmed & abdomen & chest	3 mos.

Other contributory causes of importance:

Name of operation Mastectomy Date of Aug 5/36

What test confirmed diagnosis? Laboratory 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

5

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Lindsay S. Milne, M. D.

(Address) 1132 Professional Bldg.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

1 X7044

Dr. Milne Dodeck
Prof. Bldg.