

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.

FEB 17 1937

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

Do not use this space.

1149

1. PLACE OF DEATH *Howell*
 County *Howell* Registration District No. *380*
 Township *Benton* Primary Registration District No. *5838*
 City (No. _____) St. _____ Ward _____

2. FULL NAME *Virgie Lee 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 *Female* 4. COLOR OR RACE *W* 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) *May 27, 1932*

7. AGE 4 YEARS 7 MONTHS 17 DAYS If LESS than 1 day, _____ hrs. or _____ min.

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) *Andetta Mo.*

13. NAME *Luther Calvin Riley*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Howell Co. Mo.*

15. MAIDEN NAME *Vada Ramsey*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Howell Co. Mo.*

17. INFORMANT (ADDRESS) *Mrs. Jewell Duncan, Elijah, Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Fowler Cemetery* DATE *1-14* 1937

19. UNDERTAKER *None* (ADDRESS) _____

20. FILED *1-14* 1937 *Fannie B. Bezek* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan 13* 1937

22. I HEREBY CERTIFY, That I attended deceased from *Dec 14* 1936, to *Jan 13* 1937

I last saw her alive on *Jan 13* 1937. Death is said to have occurred on the date stated above, at *S.P.* m.

The principal cause of death and related causes of importance were as follows:
Double, Bronchial Pneumonia. Date of onset *12-21*

Other contributory causes of importance:
Influenza *12-14*

Name of operation *None* Date of _____
 What test confirmed diagnosis? *Clinical* 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? *No*
 If so, specify _____
 (Signed) *C. J. Beach* M. D.
 (Address) *Elijah*

