

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

Do not use this space.

1. PLACE OF DEATH *JUN 29 1937*
 County *Scotland* Registration District No. *948*
 Township *Mt Pleasant* Primary Registration District No. *6058*
 City (No.) St. Ward

2. FULL NAME *Evelyn Ann Riney*
 (a) Residence, No. 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.

File No. *21477*
 Registered No. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *girl* **4. COLOR OR RACE** *white* **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** (write the word) _____
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *May 22 1937*
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
Still born
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
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) *Scotland Co. Missouri*
MOTHER FATHER
13. NAME *Lloyd Riney*
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Scotland Co. Mo.*
15. MAIDEN NAME *Oletha Riney*
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Scotland Co.*
17. INFORMANT *Lloyd Riney*
 (ADDRESS) *Douning Mo.*
18. BURIAL, CREMATION, OR REMOVAL
 PLACE *Wicks Cemetery* DATE *May 23 1937*
19. UNDERTAKER *Wicks*
 (ADDRESS) *Memphis Mo*
20. FILED *May 22 1937* *Matthie Lancaster*
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 22 1937*
22. I HEREBY CERTIFY, That I attended deceased from *May 22 1937*, to *May 22 1937*
 I last saw *still born* 19____ Death is said to have occurred on the date stated above, at *1:45 P.M.*
 The principal cause of death and related causes of importance were as follows:
Still Born at 7 mo
 Date of onset _____
 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?
 If so, specify _____
 (Signed) *A M Keethler*, M. D.
 (Address) *Memphis 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.

