

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.

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

Do not use this space.

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3 JUL 3 0 1937

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1. PLACE OF DEATH  
County Mississippi Registration District No. 566  
Township Lawrence Primary Registration District No. 3030  
City Charleston (No. .... St. .... Ward)

File No. ....  
Registered No. 103

2. FULL NAME Willie 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

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Virginia Riley  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) near 1914  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .... hrs. or ..... min.  
near 23

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 5 1937  
22. I HEREBY CERTIFY, That I attended deceased from Inquest, 19... to 19...  
I last saw him alive on Inquest, 19... Death is said to have occurred on the date stated above, at ..... m.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labourer  
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) Unknown  
13. NAME Unknown  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown  
15. MAIDEN NAME Unknown  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown  
17. INFORMANT (ADDRESS) Virginia Riley Wyatt No.  
18. BURIAL, CREMATION, OR REMOVAL PLACE (ADDRESS) Lat. Hope Cemetery DATE June 6, 1937  
19. UNDERTAKER (ADDRESS) Frank Day Funeral Service Charleston Mo  
20. FILED 6-6-1937 Frank D. Brown Registrar.

The principal cause of death and related causes of importance were as follows:  
Killed by a knife stab in neck (Jugular Vein)  
Wife killed him in a fight. Stabbed him in the neck and he fled to death at once  
Other contributory causes of importance:  
1914

Name of operation none Date of .....  
What test confirmed diagnosis Inquest Was there an autopsy? .....  
23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide homicide Date of injury 6-5-1937  
Where did injury occur? at his home Charleston Mo  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. In his home  
Manner of injury knife stab in the neck  
Nature of injury .....  
24. Was disease or injury in any way related to occupation of deceased?  
If so, specify. Frank D. Brown M. D.  
(Signed) Frank D. Brown  
(Address) Charleston Mo. Corning

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