

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.

AUG 19 1937

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

Do not use this space.

1. PLACE OF DEATH

County Leavenworth
Township North West
City St. Joseph Mo (No. 1001)

Registration District No. 85
Primary Registration District No. 1001

File No. 26675
Registered No. 761
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(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. Cameron Mo
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (until the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 19-1918

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
19 — 15

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

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) Winston Mo

13. NAME Wm. L. Riley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clinton Mo

15. MAIDEN NAME Olive Pendora

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT Ralph E. Riley (ADDRESS) Cameron Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Cameron Mo DATE July 7 1937

19. UNDERTAKER Freeman & Son (ADDRESS) 1946 E. 1st St

20. FILED 7/14 1937 St. Joseph Mo Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 4 1937

22. I HEREBY CERTIFY That I attended deceased from June 14 1937 to July 4 1937
I last saw him alive on July 4 1937 Death is said to have occurred on the date stated above, at 920
The principal cause of death and related causes of importance were as follows:

Paroxysmal
Ischy cardiac of
Heart
Date of onset May 1937

Other contributory causes of importance:

Heart failure
Chronic myocarditis
Date 7/4/37

Name of operation none Date of _____
What test confirmed diagnosis? Electrocardiogram Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no 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 none
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____

(Signed) J. H. Thompson, M. D.
(Address) 825 Charles St. Joseph Mo.

