REC'D MAY 11 1938

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

14135
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan — Registration District No. 86

(b) Township Wayne — Primary Registration District No. 5128 — Registered No. 22

(c) City — (d) Street No. 4 Miles North of DeKalb, Mo. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred 62 yrs. 8 mos. 5 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Harvey Davis Riley 400

(a) Residence, No. 4 Miles North of DeKalb, Mo. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 27, 1875.

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
62	8	5	

OCCUPATION

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

9. Industry or business in which work was done, as saw mill, bank, etc. Own Farm

10. Date deceased last worked at this occupation (Month, year) April 1938. — 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buchanan County Missouri

FATHER

13. NAME Isaac N. Riley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone County Missouri

MOTHER

15. MAIDEN NAME Rhagene Long.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buchanan County Missouri.

17. INFORMANT (ADDRESS) Mrs. Maude Riley R.F.D.#1 Halls, Missouri.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Bethel Cemetery, De Kalb, Mo. DATE April 4 1938

19. FUNERAL DIRECTOR (ADDRESS) H.O. Sidenfaden and Son 1802 Union St. St. Joseph, Mo.

20. FILED April 4 1938 B.W. Tadlock M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 2, 1938

22. I HEREBY CERTIFY, That I ~~attended~~ VIEWED ON deceased from 4-3 1938, to ..., 19.....
I last saw him alive on ..., 19..... Death is said to have occurred on the date stated above, at 4:00 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Coronary Thrombosis	
Other contributory causes of importance: None	

Name of operation ... Date of ...
What test confirmed diagnosis? History 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) B.W. Tadlock M.D.
(Address) Kingsville Mo.

(Licensed Embalmer's Statement on Reverse Side)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, Robert P. Clarkson, Licensed Embalmer No. 4028

hereby certify that the body recorded on the reverse side of this certificate was embalmed by My-self

-- L. E. --

No. -- or by --, Registered Apprentice No. --

working under my personal supervision.

Signed Robert P Clarkson

Licensed Embalmer No. 4028

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)