BEC JAN 14 1938

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

42443
Do not use this space.

1. PLACE OF DEATH
(a) County Buchanan,
(b) Township
(c) City St. Joseph,
Registration District No. 85
Primary Registration District No. 1001
Registered No. 1323
(d) Street No. St. Joseph's Hospital, 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 yrs. 1 mos. 17 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 400 Matthew F. Riley,
(a) Residence, No. St. Brookfield, Mo.
(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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married,
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Catherine Riley,
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 1st. 1870
7. AGE: YEARS 68 | MONTHS 1 | DAYS 28 | If LESS than 1 day, ...hrs. or ....min.

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.: Farm,
10. Date deceased last worked at this occupation (month and year): December 1936,
11. Total time (years) spent in this occupation: 45

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Bucklin, Missouri,

FATHER
13. NAME: Austin Riley,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Bucklin, Missouri,

MOTHER
15. MAIDEN NAME: Anna MacAndrew,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, England,

17. INFORMANT (ADDRESS): Mrs. M. F. Riley, Brookfield, Missouri,
18. ~~BURIAL, CREMATION, OR~~ REMOVAL PLACE: Brookfield, Mo DATE: Dec. 29th, 38
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Hialon-Bilgale & Bowman, 319 So. 10th St. Funeral Home
20. FILED 12/29, 1938 [signature] Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec. 29th, 1938
22. I HEREBY CERTIFY, That I attended deceased from Nov 12, 1938, to Dec. 29, 1938
I last saw him alive on Dec 28, 1938. Death is said to have occurred on the date stated above, at 9:45 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Sclerosis c̄ Occlusion	1937
Other contributory causes of importance:	
Chronic Nephritis	1930
Hypertrophy of Prostate	1936
Begun c̄ Obstruction	

Name of operation ..... Date of .....
What test confirmed diagnosis? [illegible] 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? no
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury no
Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) [signature] M. D.
(Address) 825 Charles St Joseph Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, Dec. 29, 1938

—, or by —,

Registered Apprentice No. —, working under my personal supervision.

Signed W. E. Bummegard

Licensed Embalmer No. 3007

P. O. Address 319 So. 10th St. Joseph, Mo.

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

If this body is not embalmed, above space should be left blank.