

REC'D FEB 15 1939

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

2316

Do not use this space.

1. PLACE OF DEATH

(a) County GREENE Registration District No. 316
 (b) Township 2 Primary Registration District No. 2001 Registered No. 51
 (c) City SPRINGFIELD (d) Street No. 523 E. Mitchell 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. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

JOHN W. RILEY
 (a) Residence, No. 523 E. Mitchell St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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 Eva Riley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 17-1876

7. AGE YEARS 62 MONTHS 11 DAYS 1 If LESS than 1 day,hrs. ormin.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Laborer
 9. Industry or business in which work was done, as 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) Jenn

FATHER 13. NAME John H. Riley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jenn

MOTHER 15. MAIDEN NAME Hattie Mash

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

17. INFORMANT (ADDRESS) Wm. R. Riley Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Danforth Cemetery DATE Jan 20 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. Klingner & Co. Springfield, Mo.

20. FILED Jan 20 1939 Chas. A. George, M.D. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 18 1939

22. I HEREBY CERTIFY, That I attended deceased from 1/18 1939 to 1/18/39 1939. I last saw him alive on 1/18/39 1939. Death is said to have occurred on the date stated above, at 8:45 P.M.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset _____

Other contributory causes of importance: 8241

Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 1939

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) A. B. Allen M. D.

(Address) Springfield, Mo.

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,

....., or by

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

Signed

J. B. Blinger

Licensed Embalmer No. 3358

P. O. Address

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.