

1939

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

Do not use this space.

1. PLACE OF DEATH
 County New Madrid Registration District No. 604
 Township New Madrid Primary Registration District No. 5802
 City New Madrid (No. _____) St. _____ Ward _____
 2. FULL NAME Jennie Riley
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 80 yrs. 11 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.
 (If nonresident, give city or town and State)

3247

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
 4. COLOR OR RACE White
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry C. Riley
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 29 - 1857
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____hra. or _____min.
80 11 20
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
 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) New Madrid Mo.
 FATHER
 13. NAME James H. Howard
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.
 MOTHER
 15. MAIDEN NAME Elizabeth Byrne
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape Co. Mo.
 17. INFORMANT (ADDRESS) Harry Boone Riley
 18. BURIAL, CREMATION, OR REMOVAL PLACE Evergreen DATE Dec. 21 1938
 19. UNDERTAKER (ADDRESS) Richards and Co New Madrid Mo.
 20. FILED 1/12 1939 Wm O. Bannan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-19 1938
 22. I HEREBY CERTIFY, That I attended deceased from Nov 24, 1938, to 12-19, 1938
 I last saw him alive on 12-19, 1938 Death is said to have occurred on the date stated above, at 4 P. m.
 The principal cause of death, and related causes of importance were as follows:
Chronic Intestinal Infestation Date of onset _____
Malnutrition
 Other contributory causes of importance:
Malnutrition
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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) W. H. Deane, M. D.
 (Address) New Madrid Mo

