

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

14081
Do not use this space.

1939 MAY 18 1939

1. PLACE OF DEATH

(a) County Adair Registration District No. 4
 (b) Township 1 Primary Registration District No. 3001
 (c) City or Kirksville (d) Street No. Spencer - Smith Hospital St. 107
 (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 Francis Paul Riley

(a) Residence, No. 407 St. Greentop 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 M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-16-1933

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
5	9	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 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) Greentop (STATE OR COUNTRY) Missouri

FATHER

13. NAME Colman Lee Riley
 14. BIRTHPLACE (CITY OR TOWN) Douning (STATE OR COUNTRY) Missouri

MOTHER

15. MAIDEN NAME Verlie Yona M. Elhany
 16. BIRTHPLACE (CITY OR TOWN) Greentop (STATE OR COUNTRY) Missouri

17. INFORMANT E. L. Riley (ADDRESS) Greentop Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Fuget Cem. DATE 4-28-1939

19. FUNERAL DIRECTOR (NAME) Dee Riley (ADDRESS) Kirksville Mo.

20. FILED April 28, 1939 Spencer L. Freeman Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 27, 1939

22. HEREBY CERTIFY, That I attended deceased from Apr. 22, 1939 to Apr. 27, 1939
 I last saw him alive on Apr. 27, 1939 Death is said to have occurred on the date stated above, at 12:55 a.m.
 The principal cause of death and related causes of importance were as follows:
Meningitis, non contagious, for non epidemic age
g & b.
 Date of onset 3 days ago
 Other contributory causes of importance:
Ulcer media - Mastoiditis
 Name of operation Mastoidectomy Date of Apr. 22, 1939
 What test confirmed diagnosis? Operation 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 Spencer L. Freeman M. D.
 (Signed) Spencer L. Freeman (Address) Kirksville, Mo.

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.

RECEIVED

District Health Officer No. 10

District File Number 10-39-474

Date Filed MAY 16 1939

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.....

Licensed Embalmer No.....

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.