

330 JUN 24 1939

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

1930
Do not use this space.

1. PLACE OF DEATH
 (a) County Scott Registration District No. 820
 (b) Township Sylvania Primary Registration District No. 6069
 (c) City _____ (d) Street No. _____ Registered No. _____
 (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 400 Leroy Riley
 (a) Residence, No. _____ 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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5/13/39
 7. AGE YEARS MONTHS DAYS 13/3 13/3 13/3 13/3 13/3 13/3
 LESS than 1 day, _____ hrs. or _____ min.

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) (STATE OR COUNTRY) Oran Mo

FATHER
 13. NAME Ernest Riley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rolla Mo

MOTHER
 15. MAIDEN NAME Eva Story

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Leora Mo

17. INFORMANT (ADDRESS) Ernest Riley Oran Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Friend County DATE 5/15/39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) St. Hubert & Co Oran Mo

20. FILED 6/9/39 W. L. Schickman Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/14/39
 22. I HEREBY CERTIFY, That I attended deceased from 5/13/39 1939, to 5/15/39 1939
 I last saw him alive on 5/14/39 1939. Death is said to have occurred on the date stated above, at 3 p.m.
 The principal cause of death and related causes of importance were as follows:

congenital debility cause unknown
 Date of onset _____

Other contributory causes of importance: 158

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

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) J. A. Chamberlain, M. D.
 (Address) Oran 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.

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.