DEC'D JUL 15 1939

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

22828
Do not use this space.

1. PLACE OF DEATH
(a) County Nodaway — Registration District No. 625
(b) Township — Primary Registration District No. 3031 — Registered No. 82
(c) City Maryville — (d) Street No. St. Francis 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. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

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2. PRINT FULL NAME Miss Kate Riley
(a) Residence, No. 418 W. 2nd St., Maryville St.
(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: Female
4. COLOR OR RACE: White
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) March 5, 1865
7. AGE — YEARS: 74 — MONTHS: 3 — DAYS: 14 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House Keeper
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) Conception, Mo.

FATHER
13. NAME Thos. Riley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER
15. MAIDEN NAME Rose Riley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Mrs. Bernard Dougan Maryville, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Conception DATE June 21 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Cummins Furn. Co Maryville, Mo.
20. FILED 6-20 1939 Mamie E. Clardy Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 19, 1939
22. I HEREBY CERTIFY, That I attended deceased from Mar-1-, 1939, to June 19th, 1939
I last saw her alive on June 18-, 1939. Death is said to have occurred on the date stated above, at 4:15 m. A. M.
The principal cause of death and related causes of importance were as follows:

Arteriosclerosis — Date of onset

92 W

Other contributory causes of importance:
Chronic myocarditis & Valvular (mitral) disease of heart.

Name of operation none Date of
What test confirmed diagnosis? Clinical 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) L E Dean, M. D.
556 (Address) Maryville Mo.

(Licensed Embalmer's Statement on Reverse Side)

WHITE 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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RECEIVED
Health Officer No. 11,
File Number 239-866
Filed JUL 13 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 J B Cummins

Licensed Embalmer No. 1675

P. O. Address Maryville 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.