

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

Do not use this space.

REC'D SEP 14 1939

30405

1. PLACE OF DEATH

County Sullivan. Registration District No. 497
 Township Buncan. Primary Registration District No. 4300 A
 City Browning Mo. (No. _____) St. _____ Ward _____
1506 Belle Dora Riley.

File No. _____
 Registered No. 12

2. FULL NAME

(a) Residence, No. _____ St., _____ Ward. _____
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 15 yrs. 10 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX F. 4. COLOR OR RACE _____ 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Widowed.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 30 1939

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

22. I HEREBY CERTIFY, That I attended deceased from Aug 26 1939, to Aug 30 1939

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 12, 1872.

I last saw her alive on Aug 29 1939. Death is said to have occurred on the date stated above, at 5:00 A. m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 4 18.

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

Arterial Insufficiency

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Keeper.

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 Life.

Other contributory causes of importance:
General Anemia

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri.

13. NAME J. S. Lambert.

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

15. MAIDEN NAME Sarah Giver.

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

17. INFORMANT (ADDRESS) Mrs. Henry Hanman. Browning Mo.

18. BURIAL CREMATION OR REMOVAL PLACE Jenkins? DATE 8, 31. 1939

19. UNDERTAKER (ADDRESS) L. W. Hummel. Browning Mo.

20. FILED Aug 31, 1939 Mrs. P. L. Williams Registrar.

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) M. L. Hanney M. D.
M. L. Hanney (Address) Browning Mo

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. 111

District File Number 939-1173

Date Filed SEP 17 1933