

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

Do not use this space.

OCT 13 1934

34937

1. PLACE OF DEATH

County Shannon
Township Jackson
City (No.)

Registration District No. 637
Primary Registration District No. 6084

File No. 6
Registered No.
St. Ward

2. FULL NAME

Donald Riley

(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|------------------------------|---|
| 3. SEX <u>Male</u> | 4. COLOR OR RACE <u>W</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Never Married</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u> </u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>9/16/34</u> | | |
| 7. AGE | YEARS | MONTHS |
| | | DAYS |
| | | IF LESS than 1 day, <u>7</u> hrs. or <u> </u> min. |

| | |
|------------|---|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>none</u> |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u> </u> |
| | 10. Date deceased last worked at this occupation (month and year) <u> </u> |
| | 11. Total time (years) spent in this occupation <u> </u> |

12. BIRTHPLACE (CITY OR TOWN) Shannon Co. Mo
(STATE OR COUNTRY)

13. NAME Ozro Riley

14. BIRTHPLACE (CITY OR TOWN) Shannon Co. Mo
(STATE OR COUNTRY)

15. MAIDEN NAME Hazel White

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

17. INFORMANT Ozro Riley
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE akers DATE 9/17 1934

19. UNDERTAKER none
(ADDRESS)

20. FILED 9/16 1934 Mrs. Day Lapham

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/13 1934

22. I HEREBY CERTIFY, That I attended deceased from 9/16 1934, to 9/16 1934

I last saw him alive on 9/16 1934 Death is said to have occurred on the date stated above, at 3 a.m.

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

Premature Birth 7 1/2 Mo Date of onset

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Other contributory causes of importance:
Distress - Entirely of mother
Cause of premature birth

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) J. W. R. Ridd M. D.
(Address) Saline, 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.

