

STATE OF OHIO  
DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS  
CERTIFICATE OF DEATH

1 PLACE OF DEATH Clark County Registration District No. 175 File No. 42370  
Township..... Primary Registration District No. 8073 Registered No. 598

or Village..... No..... St..... Ward.....  
or City of Springfield (If death occurred in a hospital or institution, give its NAME instead of street and number)

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.

2 FULL NAME William Riley  
(a) Residence. No. 527 Cedar St St., ..... Ward.....  
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) widowed

6. DATE OF BIRTH (month, day, and year) Jan 11 - 1867  
7. AGE Years 69 Months 5 Days 22 If LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as wheel maker  
9. Industry or business in which work was done, as retired  
10. Date deceased last worked at this occupation (month and year) Dec 1930 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Covington Ky.  
(State or country)

13. NAME Wm Riley

14. BIRTHPLACE (city or town) Kentucky  
(State or country)

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) Kentucky  
(State or country)

The Signature of Informant Oscar Hurst  
and (Address) Springfield, Ohio

18. BURIAL, CREMATION OR REMOVAL Place Springfield Date 7/6/1936

19. FUNERAL DIRECTOR C. F. Gahan, Inc. Lic. No. 936  
(Address) Springfield, Ohio  
20. FILED 7-14-36 Am. Cravan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 3rd 1936

22. I HEREBY CERTIFY, That I attended deceased from 7-30 1936 to 7-3 1936  
I last saw him alive on 7-1 1936 death is said to have occurred on the date stated above at 6:30 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance in order of onset were as follows:  
Carcinoma of stomach  
H60

CONTRIBUTORY CAUSES of importance not related to principal cause:  
Name of operation L Date of.....  
What test confirmed diagnosis?..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:  
Accident, suicide, or homicide? no Date of injury....., 19.....  
Where did injury occur? no (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify.....

(Signed) W. R. Radetsky M. D.  
Date 7-6-1936 Address 535 W. Main