

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

Do not use this space.

27001

AUG 21 1936

1. PLACE OF DEATH

County Jasper Registration District No. 408
Township Madison Primary Registration District No. 5564
City Carthage (No. 3) St. Mo. Ward

File No.
Registered No.

2. FULL NAME

Lillie May Riffe
(a) Residence, No. Route 1 St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 53 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Virgil A. Riffe

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 26, 1936

7. AGE YEARS 68 MONTHS 0 DAYS 27 If LESS than 1 day, hrs. or min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lafayette Indiana

13. NAME Perry Bush

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Indiana

15. MAIDEN NAME Anna Lohman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Indiana

17. INFORMANT (ADDRESS) Everett Riffe Carthage, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Waskind Cem. DATE July 26, 1936

19. UNDERTAKER (ADDRESS) Fred Mathew Carthage, Missouri

20. FILED July 26, 1936 E. P. Coe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 23, 1936

22. I HEREBY CERTIFY That I attended deceased from July 23, 1936 to July 23, 1936
I last saw her alive on July 23, 1936 Death is said to have occurred on the date stated above, at 11:30 P.M.
The principal cause of death and related causes of importance were as follows:

Cardiac failure from effects of imbibing contents of vital (supposedly wood alcohol & formaldehyde)
Date of onset 8:00 P.M.

Other contributory causes of importance: Dementia - covering period of several years - a direct cause of act.

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? suicide Date of injury , 1936

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? If so, specify
(Signed) D. V. Cordonnier, M. D.
(Address) Carthage Mo

