

SEP 21 1937

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

Do not use this space.

29883

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Rex Primary Registration District No. 1002
City Nauyas City (No. 6021) Charollett St. 35 (Ward)

2. FULL NAME

Wm W Riffe
(a) Residence, No. 6021 Charollett 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. W. Riffe

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 1 - 1872

7. AGE YEARS 62 MONTHS 7 DAYS 24 If LESS than 1 day, hrs. or min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Blue Tel. Co

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) Missouri

13. NAME Wm W Riffe

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N.Y.

15. MAIDEN NAME Martha Good

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) M. Record

17. INFORMANT (ADDRESS) Mrs. W. Riffe 6021 Charollett

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE Aug 26 1937

19. UNDERTAKER (ADDRESS) Wm C R. Foster 718 - Broadway

20. FILED Aug 25 1937 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 25 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 17 1937, to Aug 25 1937

I last saw him alive on Aug 25 1937. Death is said to have occurred on the date stated above, at 12:55 a.m.

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

Hypertension with cerebral hemorrhage.

Terminal pneumonia

Other contributory causes of importance:

Name of operation none Date of
What test confirmed diagnosis? Obvial 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?
If so, specify

(Signed) Ch. Hunter, M. D.

(Address) 724 Argyle Bldg.

WRITE 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.

OCCUPATION
MOTHER
FATHER

BM Venting

Angyle Reef

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