

DEC'D AUG 24 1938

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

Do not use this space.

1. PLACE OF DEATH

County *Cass*Registration District No. *156*File No. *24986*Township *Harrisonville*Primary Registration District No. *6090*Registered No. *58*City *Harrisonville*

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward. *130*

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred *12* 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*5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Eunice Gigi*6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *6/21/1881*7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. *57 1 7*8. Trade, profession, or particular kind of work done, as spinning sawyer, bookkeeper, etc. *filling sta operator*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *inventor*

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) *East Lynne Mo*13. NAME *Vestas Rivett*14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Randolph co N.C.*15. MAIDEN NAME *Amy Gregison*16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Randolph co N.C.*17. INFORMANT (ADDRESS) *Wm Rivett Archie mo*18. BURIAL, CEMETERY, OR REMOVAL PLACE *July 30 Crescent Hill*19. UNDERTAKER (ADDRESS) *Johnson Harrisonville mo*20. FILED *7-30-38* 19 _____ *Reedusler Jr* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 28 1938*

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw him _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at *8:00 AM*

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

Date of onset

Other contributory causes of importance: *167*

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? *suicide* 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.

*Henry*Manner of injury *Gun shot wound with*

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? *1*

If so, specify _____

(Signed) *E. M. Griffin* Coroner845 (Address) *Harrisonville 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.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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