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.

REC'D NOV 18 1938

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

Do not use this space.

36114

1. PLACE OF DEATH

County Lafayette — Registration District No. 464 — File No.

Township — Primary Registration District No. 4277 — Registered No. 60

City ~~Near~~ Odessa (No. , St. Ward)

2. FULL NAME John William Rivers

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 11, 1901

7. AGE: YEARS 37 — MONTHS 7 — DAYS 24 — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
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: 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lafayette Co., Mo.

FATHER

13. NAME: R.L.Rivers
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Platte Co., Kansas

MOTHER

15. MAIDEN NAME: Francis Johnson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Smith Co., Kansas

17. INFORMANT (ADDRESS): Mrs.R.L.Rivers, Odessa, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: MT.Hebron Cem. DATE: Oct. 7 1938

19. UNDERTAKER (ADDRESS): L.C.Husman, Odessa, Mo.

20. FILED: Oct 6 1938 Mrs E. M. Goodwin, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 10 – 5 – 1938

22. I HEREBY CERTIFY, That I attended deceased from 9 – 6 – 1938, to 10 – 5 – 1938

I last saw him alive on 10 – 4 – 1938. Death is said to have occurred on the date stated above, at 8 A.m.

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

	Date of onset
1) Tuberculosis pulmonary	
22	

Other contributory causes of importance:

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? — 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) E. B. Nisbet, M. D.

(Address) Odessa, Mo.

RECEIVED.
District Health Officer No. 8,

District File Number ----------
Date Filed 11/7/38