

DEC 19 1938

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

39193

Do not use this space.

## 1. PLACE OF DEATH

(a) County GREENE Registration District No. 378  
(b) Township \_\_\_\_\_ Primary Registration District No. 2001 Registered No. 875  
(c) City SPRINGFIELD (d) Street No. Pythian Home St. \_\_\_\_\_  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. 7 mos. ds. (f) How long in U. S., if of foreign birth? no record yrs. mos. ds.

## 2. PRINT FULL NAME

WILLIAM RIVERS  
(a) Residence, No. Pythian Home St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF No record

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 23, 1845

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
93 1 27

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Miss Foreman  
9. Industry or business in which work was done, as 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) England 4

FATHER 13. NAME No Record

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 7

MOTHER 15. MAIDEN NAME No Record

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 9

17. INFORMANT E. A. Gay  
(ADDRESS) Pythian Home

18. BURIAL, CREMATION, OR REMOVAL PLACE Hazelwood DATE Nov. 21, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) F. G. Thieme  
Springfield Mo

20. FILED Nov 21, 1938 Chas. A. George  
Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 15, 38 to Nov 20, 1938

I last saw him alive on Nov 20, 1938. Death is said to have occurred on the date stated above, at 2 A.M.

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

Chronic Nephritis Arterio

Other contributory causes of importance: 121

Name of operation None 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? No  
If so, specify \_\_\_\_\_

(Signed) William K. Deater, M. D.

(Address) Springfield Mo

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

*Ralph Chieme*

, or by

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed

*Ralph Chieme*

Licensed Embalmer No. *3681*

P. O. Address *Springfield, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.