

REC'D JUN 13 1939

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

19592

Do not use this space.

1. PLACE OF DEATH

- (a) County Ray Registration District No. 743
(b) Township Orrick Primary Registration District No. 5970 Registered No. 12
(c) City X (d) Street No. _____ 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. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Arch McRoberts Riffe

- (a) Residence, No. Orrick, Ray County, Missouri 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lottie B. Robinson Riffe</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 15, 1869</u>				
7. AGE	YEARS <u>69</u>	MONTHS <u>6</u>	DAYS <u>2</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Merchant & Farmer</u>			
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>Store & Farm</u>			
	10. Date deceased last worked at this occupation (month and year) <u>May 17, 1939</u>			
				11. Total time (years) spent in this occupation _____
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ray Co. 7 miles SW Orrick Missouri</u>				
FATHER	13. NAME <u>Jackson Riffe</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky.</u>			
MOTHER	15. MAIDEN NAME <u>Angelika Dorton</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky.</u>			
17. INFORMANT <u>Mrs. Blanche Williams</u> (ADDRESS) <u>Orrick, Missouri</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>South Point</u> DATE <u>5/20/39</u> 19 <u>39</u>				
19. FUNERAL DIRECTOR <u>Gibson & Son</u> (ADDRESS) <u>Orrick, Missouri</u>				
20. FILED <u>5/20/39</u> 19 <u>39</u> <u>DA Campbell, M.D.</u> Local Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 17, 1939

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

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 3 P. m.

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

Coronary Thrombosis

Date of onset ?

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? History 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? NO
If so, specify _____
(Signed) G. W. Gainer Coroner, M. D.
878 (Address) Richmond, Missouri

STATEMENT BY LICENSED EMBALMER

I, C. V. Gibson, Licensed Embalmer No. 2299

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

L. E. C. V. Gibson

No. 2299 or by....., Registered Apprentice No.

working under my personal supervision.

Signed

C. V. Gibson

Licensed Embalmer No. 2299

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.)