

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

Do not use this space.

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1. PLACE OF DEATH  
 County Ray Co Mo Registration District No. 743  
 Township Orwich Primary Registration District No. 5974  
 City No. St. Ward

2. FULL NAME Kate Riffe Hall  
 (a) Residence. No. 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 female 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 Wm F Hall

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 6<sup>th</sup> 1870

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
59 0 17

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Housewife  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray Co Mo

10. NAME OF FATHER Isaac Riffe

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ray Co Mo

12. MAIDEN NAME OF MOTHER Martina Good

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ray Co Mo

14. INFORMANT Wm F Hall  
 (Address) Orwich Mo

15. FILED Jan 25 29 L. E. [Signature]  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1/23 19 29

17. I HEREBY CERTIFY, That I attended deceased from Jan 17, 1929 to Jan 23 19 29 that I last saw h. alive on Jan 19, 1929 and that death occurred, on the date stated above, at 11 35 P m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

93 Myocarditis  
99  
 (duration) yrs. mos. ds. normal  
 CONTRIBUTORY (SECONDARY) arterio-sclerosis  
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF  
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) J. E. Tallis M. D.  
Jan 24, 19 29 (Address) Orwich Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Riffe Cemet DATE OF BURIAL 1/25 19 29

20. UNDERTAKER W. Libon ADDRESS Orwich Mo

K. 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.

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