N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should write CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Do not use this space.

3111

1. PLACE OF DEATH
County Ray Co Mo — Registration District No. 743 — File No.
Township Orrick — Primary Registration District No. 5978 — Registered No. 5
City (No. St. Ward)

2. FULL NAME Kate Riffe Hall
(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 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 6th 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

PARENTS
10. NAME OF FATHER Issac Riffe
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ray Co Mo
12. MAIDEN NAME OF MOTHER Martha Good
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ray Co Mo

14. INFORMANT Wm F Hall
(Address) Orrick Mo

15. FILED Jan 25 1929 L. E. [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1/23 1929

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

THE CAUSE OF DEATH* WAS AS FOLLOWS:
93D Myocarditis
97
(duration) yrs. mos. ds. renal
CONTRIBUTORY (SECONDARY) Uterus-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? Clinical
(Signed) L. E. Ellis, M. D.
Jan 24, 1929 (Address) Orrick 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 1929

20. UNDERTAKER: C. W. Sikon — ADDRESS: Orrick Mo