

Commonwealth of Kentucky  
STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

1 PLACE OF DEATH  
County Bath  
Vol. No. 2106  
Ins. Town West Farmers  
City (No.       ) St. 2 Ward       

File No. 106  
Registered No. 4  
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Roscoe Riffe

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Give the word) single

6 DATE OF BIRTH Jan. 17, 1911  
(Month) (Day) (Year)

7 AGE        yrs.        mos.        ds. If LESS than 1 day 6 P. hrs. or        min.

8 OCCUPATION  
(a) Trade, profession, or particular kind of work None  
(b) General nature of industry, business, or establishment in which employed (or employer)       

9 BIRTHPLACE (state or country) Carter Co., Ky.

10 NAME OF FATHER Edward McCallion Riffe

11 BIRTHPLACE OF FATHER (state or country) Ky.

12 MAIDEN NAME OF MOTHER Lenna Belle Lowe

13 BIRTHPLACE OF MOTHER (state or country) Ky.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Edward McCallion Riffe  
(Address) West Farmers, Ky.

15 Filed Jan. 20, 1911 J. N. Pierce  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan. 16, 1911  
(Month) (Day) (Year)

17 I HEREBY CERTIFY That I attended deceased from 1911 to 1911

that I last saw h.        alive on 1911 and that death occurred, on the date stated above, at        m.

The CAUSE OF DEATH\* was as follows:  
Child bed Feb 7. 8 hrs.  
No physician attended.

(Duration)        yrs.        mos.        ds.

Contributory        (Duration)        yrs.        mos.        ds.

(Signed) H. S. Pierce M. D.  
Jan 16, 1911 (Address) Madison Ky.

Make the following CERTAIN DEATHS IN DEATHS FROM TYPHOID FEVER AND (1) MALARIAL INFECTION (2) WINDSTRIKE (3) RIGIDITY OF MUSCLES

18 LENGTH OF RESIDENCE OF A HUSBAND, INSTITUTION, TENANTS OR RECENT RESIDENTS  
At place of death        yrs.        mos.        ds. In the State        yrs.        mos.        ds.  
Where was disease contracted, if not at place of death?       

19 PLACE OF BURIAL OR REMOVAL Home DATE OF BURIAL Jan 17, 1911

20 UNDERTAKER W. B. Engsam Address West Farmers

MARGIN RESERVED FOR BINDING  
WRITE FULL NAME WITH SURNAME FIRST—THIS IS A PERMANENT RECORD

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. See instructions on back of certificate.