

1. PLACE OF DEATH a. COUNTY <u>Liberty</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Texas</u> b. COUNTY <u>Liberty</u>		
b. CITY OR TOWN (If outside city limits, give precinct no.) <u>Liberty</u>		c. LENGTH OF STAY in 1 b. <u>Life</u>	c. CITY OR TOWN (If outside city limits, give precinct no.) <u>Liberty</u>		
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION <u>Kersting Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>514 Milom</u>		
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			e. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		f. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) (a) First <u>Arthur</u>		(b) Middle <u>Bernard</u>	(c) Last <u>Riviere</u>	4. DATE OF DEATH <u>Sept. 27, 1965</u>	
5. SEX <u>Male</u>	b. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>Aug. 2, 1899</u>	9. AGE (In years last birthday) <u>66</u>	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Minutes
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Insurance</u>	11. BIRTHPLACE (State or foreign country) <u>Liberty, Texas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USC</u>
13. FATHER'S NAME <u>Joseph F. Riviere</u>			14. MOTHER'S MAIDEN NAME <u>Mary Bristley</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		(If yes, give war or dates of service) <u>WW I</u>	16. SOCIAL SECURITY NO.		17. INFORMANT <u>Jay Riviere</u>
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>myocardial inf. Grade IV</u>					INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					DUE TO (b)
DUE TO (c)					DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature, time, place, and cause of injury.)			
20c. TIME OF INJURY Hour Month Day Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I hereby certify that I attended the deceased from <u>1945</u> to <u>27 Sept 65</u> and last saw the deceased alive on <u>27 Sept 65</u> . Death occurred at <u>5:45 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>A. L. Delaney MD</u> (Degree or title)			22b. ADDRESS <u>Liberty, Tex</u>		22c. DATE SIGNED <u>28 Sept 65</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Sept. 28, 1965</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Immaculate Conception Cemetery</u>		
23d. LOCATION (City, town, or county) <u>Liberty</u>		23e. STATE <u>Texas</u>	24. FUNERAL DIRECTOR'S SIGNATURE <u>Virginia B. Guel</u> <u>Allison Funeral Service #4932</u>		
25a. REGISTRAR'S FILE NO. <u>84</u>		25b. DATE REC'D BY LOCAL REGISTRAR <u>9-30-1965</u>		25c. REGISTRAR'S SIGNATURE <u>Mrs. Mayme M. Lean</u>	

TEXAS DEPARTMENT OF HEALTH
REC'D OCT 14 1965
BUREAU OF VITAL STATISTICS