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

Do not use this space.

11824

**1. PLACE OF DEATH**

County Jackson — Registration District No. 393

Township Kaw — Primary Registration District No. 1002

City Kansas City (No. 426 Gladstone Avenue St. Ward)

File No.

Registered No. 1620

**2. FULL NAME** Elizabeth Adkins Rieger

(a) Residence. No. 426 Gladstone Ave 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 | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word) |
|---|---|---|
| Female | White | Married |

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lawrence F. Rieger

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feby. 22, 1864

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 63 | 1 | 25 | |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Liberty
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER James G. Adkins

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Georgetown
(STATE OR COUNTRY) Kentucky

12. MAIDEN NAME OF MOTHER Mary E. Keller

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Kentucky

14. INFORMANT W. V. Rieger
(Address) Ormond Hotel

15. FILED 4/18, 1927 M. M. Crowe
Asst REGISTRAR

**MEDICAL CERTIFICATE OF DEATH** 3

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 16 1927

17. I HEREBY CERTIFY, That I attended deceased from April 1st, 1927 to April 16, 1927 that I last saw her alive on April 16, 1927 and that death occurred, on the date stated above, at 7.45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Erysipelas

15B

120B

1 (duration) yrs. mos. 7 ds.

CONTRIBUTORY (SECONDARY) Colitis Infection

1 (duration) yrs. mos. 10 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 1 4 B

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Inspection

(Signed) J. L. Robinson, M. D

4-16, 1927 (Address) 510 Altman

*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 Elmwood Cem. — DATE OF BURIAL 4/16 1927

20. UNDERTAKER Stine & McClure — ADDRESS 924 Oak

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.