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

Do not use this space.

34116

1928 JAN 5

1. PLACE OF DEATH

County Marion — Registration District No. 547

Township Mason — Primary Registration District No. ~~2029~~

City ~~Oakwood~~ (No. Kenwood Ave. 5737 St. ..... Ward)

File No. .....

Registered No. 297

2. FULL NAME Elizebeth Riggs

(a) Residence. No. Kenwood 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: Fenmale

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: I.A.Riggs

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec,2,1851

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
75	II	10	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: House Wife

(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): Davis Co. Mo.

PARENTS

10. NAME OF FATHER: Mike Richardson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ken.

12. MAIDEN NAME OF MOTHER: Thura Farmington

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

14. INFORMANT: I.A.Riggs
(Address) Oakwood Mo.

15. FILED 11/12 1927 [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Nov,12, 1927

17. I HEREBY CERTIFY, That I attended deceased from Nov 11, 1927, to Nov 12, 1927, that I last saw her alive on ....., 19....., and that death occurred, on the date stated above, at 6:30 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Arteriosclerosis

97

167 (duration) 10 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Senile Debility

..... (duration) 3 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) J. C. Sultzman, M. D

11/14, 1927 (Address) Hannibal 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: Wrigrt Cem. Peno Mo.

DATE OF BURIAL: II/14 1927

20. UNDERTAKER: Wm.M.Smith

ADDRESS: Hannibal

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.