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

Do not use this space.

File No. 22127
Registered No. 6302

1. PLACE OF DEATH

County ..... Registration District No. 701
Township ..... Primary Registration District No. 1003
City St Louis (No. Beaumont Hosp St. ..... Ward)

2. FULL NAME Jamie W. Riggs.

(a) Residence. No. 1112 (Usual place of abode) Kingshighway Ward 12 (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	Widow

5a. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF E. S. Riggs.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 6 1853.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
75.	3	5.	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housework.
(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) Ky.

PARENTS

10. NAME OF FATHER Unknown Westcott
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ky.
12. MAIDEN NAME OF MOTHER Unknown.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY)

14. INFORMANT Samuel M. Riggs.
(Address) 1112 Kingshighway

15. FILED JUN 13 1928 Mae C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 11 1928

17. I HEREBY CERTIFY, That I attended deceased from May 30, 1928, to June 11, 1928, that I last saw h.CY alive on June 11, 1928, and that death occurred, on the date stated above, at 10:40 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Nephritis - Cholangitis - Cholelithiasis
Myocardial insufficiency
Hypertension - Nephritis
10 (duration) ..... yrs. ..... mos. Latrous ds.
CONTRIBUTORY (SECONDARY) Cellulitis - R. arm Became infected in contact with a Hot Water bottle - Infection (duration) ..... yrs. ..... mos. 4 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? .....

(Signed) C. C. Patton, M. D
, 19 (Address) 3720 Washington

*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 Oak Grove

DATE OF BURIAL June 13 1928.

20. UNDERTAKER Mullen and Co

ADDRESS 5165 Delmar

WRITE PLAINLY, WITH UNFADING INK—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.