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

Do not use this space.

13875

85

1. PLACE OF DEATH
County: Buchanan
Township:
City: St.Joseph, (No. St.Joseph's Hospital St. Ward)
Registration District No. 1001
Primary Registration District No.
File No. 452
Registered No.

2. FULL NAME: William M.Riggin
(a) Residence. No. 1304 Penn St. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 37 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) |
|---|---|---|
| Male | White | Single |

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unk, 1865

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 64 | 0 | 0 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Baggage & Express
(b) General nature of industry, business, or establishment in which employed (or employer): Messenger.
(c) Name of employer: Rock Island R.R.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No.Vernon , Ind.

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

14. INFORMANT: Walter C.Riggin
(Address) Kansas City,Mo.

15. FILED APR 4 1929 John G. Utz REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr,1,1929 19

17. I HEREBY CERTIFY, That I attended deceased from Mch 28, 1929, to Apr 1, 1929 that I last saw him alive on Apr 1, 1929, and that death occurred, on the date stated above, at 7.20 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar pneumonia
108
(duration) ✓ yrs. ✓ mos. 5 ds.

CONTRIBUTORY (SECONDARY) 1010
(duration) 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) L.C. Bauman, M. D.
4/31, 1929 (Address) c/o Lincoln Bldg St Jos 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: Mt.Mora Cemetery
DATE OF BURIAL: Apr,4, 1929

20. UNDERTAKER: Walter Meinhoffer
ADDRESS: 1302 Faraon St.

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.

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