24 1929

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

14052-1

Do not use this space.

14052-1

1. PLACE OF DEATH

County Callaway — Registration District No. 111 — File No. 1

Township Coles Andes Sein. — Primary Registration District No. 5761 — Registered No. 55

City ~~Tebbetts~~ (No. ..... St. ..... Ward)

2. FULL NAME Lavina Adelia Rigdon

(a) Residence. No. ..... St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 20 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 James Thomas Rigdon

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov - 15 1851

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
77	4	24	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

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

(c) Name of employer

23

9. BIRTHPLACE (CITY OR TOWN) Not Known
(STATE OR COUNTRY) Ohio

2

PARENTS

10. NAME OF FATHER Ruben Hathaway

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Not Known
(STATE OR COUNTRY) N.Y.

2

12. MAIDEN NAME OF MOTHER Sarah Sybiant

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Not Known
(STATE OR COUNTRY) Penn. ~~Rigdon~~

2

14. INFORMANT J. T. Rigdon
(Address) Tebbetts, Mo

15. FILED 4/11, 1929 W R Hood
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4 - 9 1929

17. I HEREBY CERTIFY, That I attended deceased from April, 1928, to April 9, 1929 that I last saw her alive on April 7, 1929, and that death occurred, on the date stated above, at 2:30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cardiatitis + cardiac asthma

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Chronic Nephritis

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 1290

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) W H Williams, M. D

, 19 (Address) Mokane

*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	DATE OF BURIAL
River View Cemetery	4-11 1929
20. UNDERTAKER	ADDRESS
C W Musgrove	Mokane, Mo