29 1929

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

Do not use this space. 15670

1. PLACE OF DEATH
County Randolph — Registration District No. 733 — File No.
Township Salt Spring — Primary Registration District No. 5967 — Registered No. 16
City (No. St. Ward)

2. FULL NAME Harry Harvey Rigler
(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 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —
6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 14, 1928
7. AGE: Years 1 — Months 0 — Days 19 — If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work —
(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) Randolph Co, Mo

PARENTS
10. NAME OF FATHER Victor Rigler
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Mauro Co. Mo
12. MAIDEN NAME OF MOTHER Maggie Hess
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Randolph Mo

14. INFORMANT Victor R
(Address) Huntsville, R.F.D.
15. Apr 4, 1929 G G Bragg REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 3 1929
17. I HEREBY CERTIFY, That I attended deceased from April 1st, 1929, to April 3, 1929, that I last saw him alive on April 1, 1929, and that death occurred, on the date stated above, at 1 a.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS: Broncho Pneumonia
107A 1000
106A Cold (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) D A Barnhart, M. D
, 19 (Address) Huntsville 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: Hagar — DATE OF BURIAL: April 4 1929
20. UNDERTAKER: Andrew Minor — ADDRESS: Huntsville Mo

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.

WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD