

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

Do not use this space.

37576

1. PLACE OF DEATH

County Jasper
Township Webb City, Mo.
City Webb City, Mo. (No.)

Registration District No. 417
Primary Registration District No. 3021

File No.
Registered No. 163
St. Ward)

2. FULL NAME

(a) Residence. No. 602 N. Devon 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) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 6, 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
56 9 21

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Miner
(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) Franklin Co. Mo.

10. NAME OF FATHER John Riggs
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown
12. MAIDEN NAME OF MOTHER Mary Shelton
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

14. INFORMANT Mrs Dora Riggs
(Address) 602 N. Devon Webb City, Mo

15. FILED 11/29 29 R. M. Stormont
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 27 1929

17. I HEREBY CERTIFY, That I attended deceased from Sept 18 1929, to Sept 18 1929 that I last saw h. alive on Sept 18 1929, and that death occurred, on the date stated above, at 4:30 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Tuberculosis of the lungs

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED (duration) yrs. mos. ds.

IF NOT AT PLACE OF DEATH.....

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

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) George W. Cox M.D.
, 19 (Address) Webb City, 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 Cartersville DATE OF BURIAL Nov. 29 1929

20. UNDERTAKER Steele Und. Co. ADDRESS Webb City, 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.

RECORD

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DEC 2 1929

JUL 4 1950

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