

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

Do not use this space.

40918

5324

**1. PLACE OF DEATH**

County Jackson

Registration District No. 399

Township Kear

Primary Registration District No. 30

City Kansas city

(No. 703, Elmwood)

File No. 5324

Registered No. \_\_\_\_\_

St. \_\_\_\_\_ Ward) \_\_\_\_\_

**2. FULL NAME** Earle Riggle

(a) Residence. No. 703 Elmwood St. 10 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**

Alice Riggle

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)** January 8th, 18

**7. AGE**

YEARS 45

MONTHS 11

DAY 17

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work. Salesman

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

(c) Name of employer Service.

**9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Dennison Iowa.

**10. NAME OF FATHER** Heber Riggle.

**11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)** Not known. Pennsylvania

**12. MAIDEN NAME OF MOTHER** Mary Chamberlin.

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)** Not known. Pennsylvania.

**14. INFORMANT** Mrs. Alice Riggle.  
(Address) 703 Elmwood

**15. FILED** 7/26 1929  
M. M. Brown  
Arch. REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** Dec 25 1929

**17. I HEREBY CERTIFY, That I attended deceased from** Dec 10 1929 to Dec 24 1929, 1929, and that I last saw him alive on Dec 20 1929, and that death occurred, on the date stated above, at 1275.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Painful arthritis with infection  
131  
903 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**CONTRIBUTORY (SECONDARY)** Chronic nephritis  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**18. WHERE WAS DISEASE CONTRACTED** 1275  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

**19. DID AN OPERATION PRECEDE DEATH? DATE OF** \_\_\_\_\_  
WAS THERE AN AUTOPSY? no

**WHAT TEST CONFIRMED DIAGNOSIS?** History  
(Signed) J. J. Snider, M. D.

Dec 20 1929 (Address) 1275 Queto Bldg

\*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** Utica, Nebraska. **DATE OF BURIAL** Dec. 26 1929

**20. UNDERTAKER** Quirk & Tobin. **ADDRESS** 20 W. Lincoln

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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