

WRITE PLAINLY, WITH UNLOADING INK---THIS IS A PERMANENT RECORD

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.

NOV 21 1930

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

Do not use this space.

31993

1. PLACE OF DEATH
 County Adair Registration District No. 4
 Township Benton Primary Registration District No. 3005
 City (No. St. Ward)

2. FULL NAME Miss Sallie 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 12-29-1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 4 27

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.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa.

PARENTS

10. NAME OF FATHER John Snook

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Holland

12. MAIDEN NAME OF MOTHER Rebecca Adams

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) England

14. INFORMANT Miss Rigdon
 (Address) Brookline, Mo.

15. FILED 10/28/30 Mrs. C. H. Becker
 REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-26 1930

17. I HEREBY CERTIFY, That I attended deceased from 10-17-30 to 10-26, 1930, and that that I last saw him alive on 10-26, 1930, and that death occurred, on the date stated above, at 9:30 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia 186A
Fracture of left femur 103
fell down in kitchen 103
near Sperry, Mo. 103

CONTRIBUTORY (SECONDARY) Fracture of left femur
fell down in kitchen 9 ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH at home

DID AN OPERATION PRECEDE DEATH? No DATE OF 10-26

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS none
 (Signed) W. R. Beebe, M. D.

10-27, 1930 (Address) Hicksville, 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 Bethel DATE OF BURIAL 10-28 1930

20. UNDERTAKER J. R. Easley ADDRESS Brookline.

