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

Do not use this space.

104

6

FEB 18 1931

1. PLACE OF DEATH
County Barton
Township Union
City ~~Irwin~~ (No. ..... St. ..... Ward)

Registration District No. 1017
Primary Registration District No. 5060

File No. 1
Registered No. 1

2. FULL NAME Georgia Ann Rigg

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

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF E. E. Rigg

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 2 — 1867

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	64		17	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home
(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) Ill.

PARENTS

10. NAME OF FATHER Silas Clark.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ohio.
12. MAIDEN NAME OF MOTHER Sarah Baker
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ohio.

14. INFORMANT T. Fred Cline
(Address) Irwin, Mo.

15. FILED Feb 10th 1931 C. A. Gould REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 19 — 1931

17. I HEREBY CERTIFY, That I attended deceased from Oct - 10, 1930, to Jan - 19 - 1931 that I last saw her alive on Jan 19 - 1931 and that death occurred, on the date stated above, at 5:30 p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of right breast
50
(duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY) 50
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
0 IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? no DATE OF .....
WAS THERE AN AUTOPSY? no.
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) W H Poppleurell, M. D.
Jan 20th 1931 (Address) Lamar 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	DATE OF BURIAL
Sheldon Cemetery	Jan 21 " 1931
20. UNDERTAKER	ADDRESS
G B Beeny & Sons	Sheldon 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.