

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

Do not use this space.

14350

**1. PLACE OF DEATH**

County Jackson Registration District No. 355 File No. \_\_\_\_\_  
 Township Kaw Primary Registration District No. 1002 Registered No. 1867  
 City Kansas City (No. 38 West 73d St. Terrace St. \_\_\_\_\_ Ward)

**2. FULL NAME** Infant Rigg

(a) Residence No. 38 West 73d St., Terrace 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 <b>Female</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <b>Single</b>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <b>April 18th, 1931</b>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	--	---	--	30
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Infant</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer				
9. BIRTHPLACE (CITY OR TOWN) <u>Kansas City,</u> (STATE OR COUNTRY) <u>Missouri</u> 1				
PARENTS	10. NAME OF FATHER <u>Francis Rigg</u>			
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Philadelphia</u> (STATE OR COUNTRY) <u>Pennsylvania</u>			
	12. MAIDEN NAME OF MOTHER <u>Rose L. Agin</u>			
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Kansas City</u> (STATE OR COUNTRY) <u>Missouri</u> 1			

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 19th 1931

17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

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

67 (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? No DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? Yes (7)

WHAT TEST CONFIRMED DIAGNOSIS autopsy  
 (Signed) Walter M. Hawk, M. D.  
4/19, 1931 (Address) Deputy Coroner

\*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 Forest Hill Cemetery DATE OF BURIAL Apr. 21 1931

20. UNDERTAKER R. V. Lindsey & Sons, Inc ADDRESS Kans City, Mo

14. INFORMANT Francis Rigg  
 (Address) 38 West 73d St. Terrace

15. FILED 4/20, 1931 M. M. Crowe  
 REGISTRAR Asst

WRITE PLAINLY, WITH UNFADING 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.

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000