

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

Do not use this space.

22121

1. PLACE OF DEATH

County Merced Registration District No. 556
 Township Merced Primary Registration District No. 4328
 City Princeton (No. _____) St. _____ Ward _____

File No. _____

Registered No. 16

2. FULL NAME Benjamin H. Riggs

(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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary B. Riggs</u> (legally dead)		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 15 1884</u>		
7. AGE YEARS <u>87</u>	MONTHS <u>5</u>	DAYS <u>3</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		11. Total time (years) spent in this occupation _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____		10. Date deceased last worked at this occupation (month and year) _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

13. NAME Jonathan Hart Riggs

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) NY

15. MAIDEN NAME Not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) John Riggs
Ponca Oklahoma

18. BURIAL, CREMATION, OR REMOVAL Removal
PLACE Ponca City DATE June 19 1931

19. UNDERTAKER (ADDRESS) First Funeral Home
Princeton, Mo

20. FILED 6/18 1931 J M Perry
Registrar.

MEDICAL CERTIFICATE OF DEATH

5

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 18 1931

I HEREBY CERTIFY That I attended deceased from June 18 1931, to June 18 1931
 First saw him alive on June 18 1931. Death is said to have occurred on the date stated above, at 12 m.
 The principal cause of death and related causes of importance were as follows:

Extensive crushing injury left side chest wall with fracture 6 ribs - rupture of lung + subcutaneous emphysema
 Date of onset _____
 Other contributory causes of importance: Shoe caught at wheel
Auto mobile run into Brown Shop
Wreckage and killed - died from injuries

Name of operation _____ Date of _____
 What test confirmed diagnosis? Phys exam Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 A. Accident, suicide, or homicide? Accident Date of injury June 18 1931
 Where did injury occur? Princeton, Mo.
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury Automobile wreck
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____
 (Signed) A. S. Bristow, M. D.
 (Address) Princeton, 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.

25 1931

