

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

Do not use this space.

**30351**

**1. PLACE OF DEATH**

County Vernon  
Township  
City Nevada (No. \_\_\_\_\_)

Registration District No. 875  
Primary Registration District No. 3039

File No. Love  
Registered No. 212 212  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Charley H. Riggs  
(a) Residence, No. 1500 N. Cherry St. 1 Ward. \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**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>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Maragett Riggs</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>D. Kay 1861</u>		
7. AGE <u>70</u>	YEARS -	MONTHS -
	DAYS -	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Merchant</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Notions</u>	
	10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>D. K. Indiana</u>		
FATHER	13. NAME <u>George Riggs</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>D. K. Indiana</u>	
	15. MAIDEN NAME <u>Elizabeth Elder</u>	
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>D. K. Indiana</u>	
	17. INFORMANT (ADDRESS) <u>Mrs. Gene Riggs Nevada Mo</u>	
18. BURIAL, CREMATION OR REMOVAL PLACE <u>Nelson Cemetery 8/26/1931</u>		
19. UNDERTAKER (ADDRESS) <u>Henry Funeral Home Nevada Mo</u>		
20. FILED <u>9-9-31</u> 19 <u>31</u> <u>E. R. King</u> Registrar.		

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 24 - 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug 23 1931, to Aug 24 1931  
I last saw him alive on Aug 23 1931 Death is said to have occurred on the date stated above, at 11:30 a.m.  
The principal cause of death and related causes of importance were as follows:  
Cerebral Hemorrhage Date of onset Aug 23 1931  
Hypertension Don't know  
Other contributory causes of importance: 192

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:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury ✓  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_  
(Signed) W. Love M. D.  
(Address) Nevada, Mo

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.

SEP 28 1931

