

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

Do not use this space.

**34639**

**1. PLACE OF DEATH**

County Jackson Registration District No. 3002 File No. 4358  
 Township Kaw Primary Registration District No. 1002 Registered No. 4358  
 City Kansas City (No. 4801 East 8th St St. 10 Ward)

**2. FULL NAME Mrs Alice Riggle**

(a) Residence, No. 4801 East 8th St St. 10 Ward. (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**

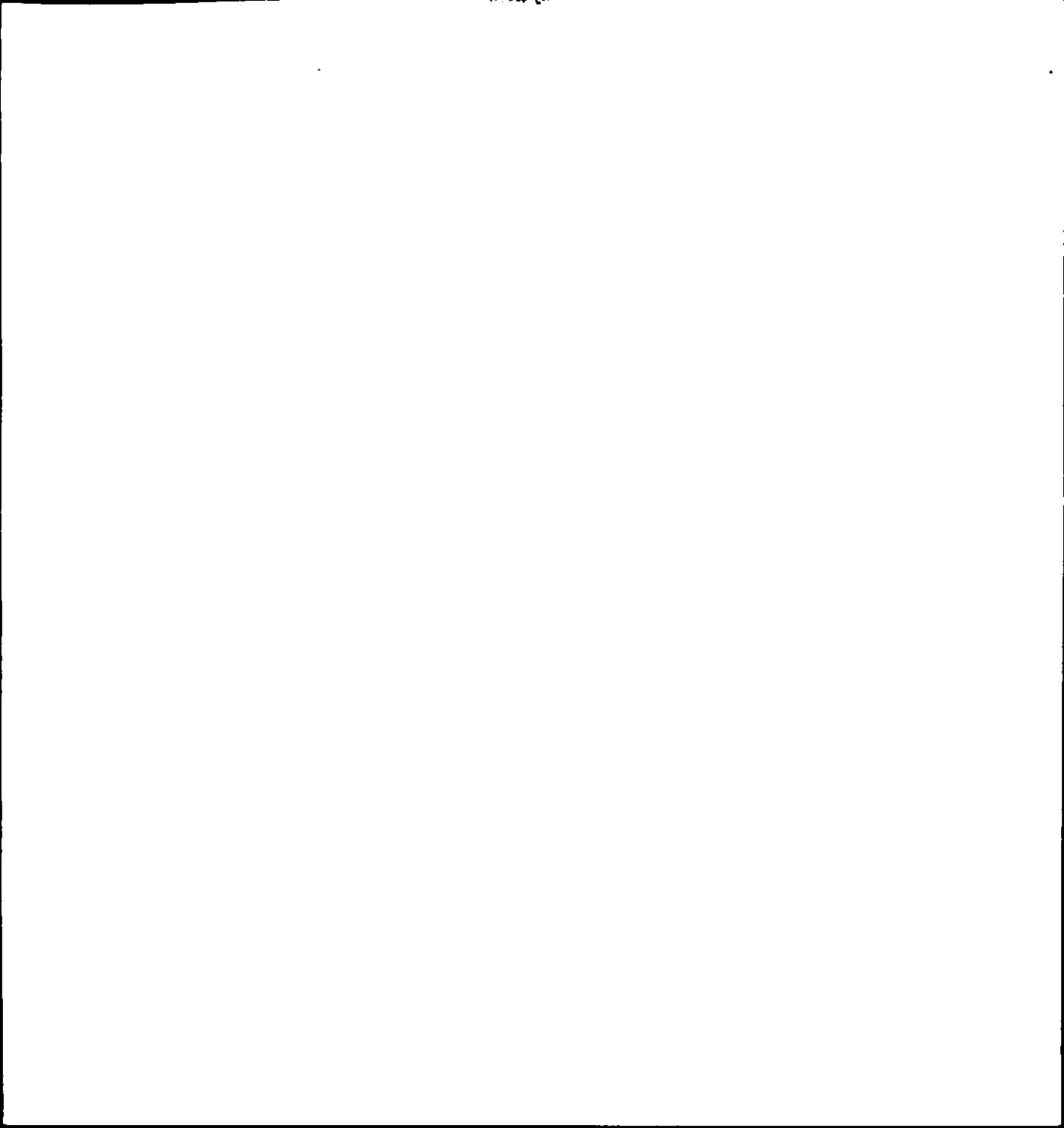
3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Earl Riggle  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 23, 1885  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 46 7 4  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home  
 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)  
 11. Total time (years) spent in this occupation

MOTHER 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nebraska  
 13. NAME John T Pushton  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England  
 15. MAIDEN NAME Elizabeth R Murphy  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wisconsin

17. INFORMANT Alva Riggle (ADDRESS) 4801 East 10th  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Utica Neb DATE 10/1 1931  
 19. UNDERTAKER Quirk & Tobin Co (ADDRESS) Linwood & Main  
 20. FILED 10/28 1931 M. M. Crowe Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 27, 1931  
 22. I HEREBY CERTIFY, That I attended deceased from Jan 21, 191, to Oct 27, 191. I last saw him alive on Oct 25, 191. Death is said to have occurred on the date stated above, at 1:45 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Carcinoma Respiratory Date of onset 6/15  
degener. of right lung  
and Throat 45F  
47E  
 Other contributory causes of importance:  
Chronic nephritis  
 Name of operation Autopsy Date of Jan  
 What test confirmed diagnosis? Autopsy Was there an autopsy? Yes  
 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) J. S. Smith M. D.  
 (Address) 1215 1/2 East 10th St.



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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County..... Registration District No. 399  
 Township..... Primary Registration District No. 1002  
 City Kansas City (No. .... St. .... Ward)

File No. ....  
 Registered No. 4358

**2. FULL NAME** Mrs Alice Riggle

(a) Residence, No. .... St. .... Ward. .... (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) wid

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ..... hrs. or ..... min.
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OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	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)

MOTHER FATHER 13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE ..... DATE ..... 19...

19. UNDERTAKER (ADDRESS)

20. FILED 10/28 1931 M. M. Crowe Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 27 1931

22. I HEREBY CERTIFY, That I attended deceased from ..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Cardiomyopathy, Respiratory organs, Right leg of with throat  
C. R. Brust. Date of onset 1930.

Other contributory causes of importance: Chronic nephritis

Name of operation ..... Date of .....  
 What test confirmed diagnosis? ..... Was there an autopsy? .....

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? If so, specify

(Signed) J. S. Snider M. D.  
 (Address) 1215 - ...

SUPPLEMENTARY 50

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

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