

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

Do not use this space.

5159

File No. _____
Registered No. 20
St. _____ Ward _____

1. PLACE OF DEATH
49 County Jasper Registration District No. 417
11 Township Webb City Primary Registration District No. 3071
7 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Mrs. Eliza Riggs
(a) Residence. No. 820 N. Main 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 Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 16 - 1881

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
51 1 6

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) 235
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Nevada
(STATE OR COUNTRY) Mo.

10. NAME OF FATHER Kenneth Menros

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Scotland
(STATE OR COUNTRY) 8

12. MAIDEN NAME OF MOTHER Isabel M^{rs} Coy

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Scotland
(STATE OR COUNTRY) 11

14. INFORMANT Charley Riggs
(Address) Webb City Mo.

15. FILED 1/24/32 R. M. Stoumont
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-22-1932

17. I HEREBY CERTIFY, That I attended deceased from 2-23-1932 to 2-23-1932, 1932, that I last saw her live on 2-23-1932, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Shock from rupture and ulceration of common bile duct
1278 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 1278 (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 (5)

WHAT TEST CONFIRMED DIAGNOSIS? _____
(Signed) Sam Simonson, M. D.
2-23-1932 (Address) Corner Poplar Co-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 Carterville DATE OF BURIAL Feb 25 1932

20. UNDERTAKER Steele Und. Co ADDRESS Webb City 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.

NOV 23 1934

JUL 29 1957