

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.

DEAN 9 1937

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

Do not use this space.

40808

1. PLACE OF DEATH  
 72 County New Madrid Registration District No. 604  
 7 Township \_\_\_\_\_ Primary Registration District No. 2902  
 2 City New Madrid St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Carl 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.

File No. 278  
 Registered No. \_\_\_\_\_  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF 1907

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1900 Dec 5

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
32

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 237

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) New Madrid Mo

13. NAME Mark Riggs

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Madrid Mo

15. MAIDEN NAME Sydney Shaffer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Madrid Mo

17. INFORMANT (ADDRESS) Mark Riggs New Madrid

18. BURIAL, CREMATION, OR REMOVAL PLACE Evergreen DATE 12-6-1932

19. UNDERTAKER (ADDRESS) Richards and Co New Madrid Mo

20. FILED 12/7/1935 Wm. J. O'Bannon Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-5-1932

22. I HEREBY CERTIFY, That I attended deceased from 11-15-1932 to 12-5-1932  
 I last saw her alive on 12-3-1932. Death is said to have occurred on the date stated above, at 1340 in.  
 The principal cause of death and related causes of importance were as follows:  
Gun shot, wound to head as cont. of thrombosis & embolism  
Thrombosis - Embolism  
Thrombin toxicemia

Other contributory causes of importance:  
695) U

Name of operation Excise for drainage Date of \_\_\_\_\_  
 What test confirmed diagnosis? Excise Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? accidental Date of injury 11-5-1932  
 Where did injury occur? New Madrid Mo  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury Gun shot by 7th Reg. 54th  
 Nature of injury of same

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

THIS IS A PERMANENT RECORD

