WHITE 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.

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

Do not use this space.

8611

APR 21 1933

1. PLACE OF DEATH

County Buchanan — Registration District No. 85

Township — Primary Registration District No. 1001

City St. Joseph, (No. 3110 Penn St. St. Ward)

File No.

Registered No. 333

2. FULL NAME Odus Riggs

(a) Residence, No. 3110 Penn St. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

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: Maude Riggs

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Apr. 24, 1870

7. AGE: YEARS 62 — MONTHS 11 — DAYS 1 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: John S. Brittain Dry Goods, Warehouse.

10. Date deceased last worked at this occupation (month and year): Feb. 1933

11. Total time (years) spent in this occupation: 23

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Sturgeon, Mo.

FATHER

13. NAME: Young Riggs

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Mo.

MOTHER

15. MAIDEN NAME: Sarah Davenport

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Mo.

17. INFORMANT (ADDRESS): Mrs. Maude Riggs 3110 Penn St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mt. Auburn Cem. DATE Mar. 27, 1933

19. UNDERTAKER (ADDRESS): Walter Meinhoffer 1302 Faraon St. St. Joseph Mo.

20. FILED 3-27-1933 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 25, 1933

22. I HEREBY CERTIFY, That I ~~attended~~ viewed deceased ~~from~~ on March 25, 1933, to ....., 19....

I last saw him alive on ....., 19.... Death is said to have occurred on the date stated above, at 10:30 a.m. A.M.

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

Hanging with wire cable in garage (Suicidal)

Date of onset

Other contributory causes of importance: no pads

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Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? suicide Date of injury 4/25, 1933

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury Hanging by wire cable

Nature of injury

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

If so, specify

(Signed) Forrest Thomas Coroner

(Address) 801½ Felix St. St. Joseph Mo.