

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.

JUN 20 1933

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

15622

1. PLACE OF DEATH *Abraham Hospital*
 4 County *Abraham* Registration District No. *26*
 4 Township *Abraham* Primary Registration District No. *3002*
 7 City *Mexico* (No. _____ St. _____ Ward)

File No. _____
 Registered No. *79*

2. FULL NAME *Rufus Riggs*
 (a) Residence, No. *Centralia* St. *RR* 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 *Male* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Nora Riggs*
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *April 24 1870*
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. *63 0 29*
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Farmer*
 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 _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 23 1933*
 22. I HEREBY CERTIFY, That I attended deceased from *April 22 1932* to *May 23 1933*
 I last saw him alive on *May 22 1933*. Death is said to have occurred on the date stated above, at *8:15 P.*
 The principal cause of death and related causes of importance were as follows:

Dementia praecox Date of onset *about 1930*
84
 Other contributory causes of importance _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Boone Co*
 MOTHER 13. NAME *Young Riggs*
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Boone Co*
 15. MAIDEN NAME *Sara Davenport*
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Boone Co*
 17. INFORMANT *Nora Riggs* (ADDRESS) *Centralia Mo*
 18. BURIAL, CREMATION, OR REMOVAL PLACE *Walden Grove* DATE *May 15 1933*
 19. UNDERTAKER *A. W. Wren* (ADDRESS) _____
 20. FILED *May 25 1933* *J. S. Milligan* Registrar.

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) *C. B. Palmer* M. D.
 (Address) *Centralia, Mo.*

