

WRITE 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.

JUN 21 1933

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

Do not use this space.

1. PLACE OF DEATH  
 2. County Chariton Registration District No. 169  
 Township Brunswick Primary Registration District No. 4098  
 1 City Brunswick (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME MARY A. RIGGIN

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

15972

File No. \_\_\_\_\_  
 Registered No. 32  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Peter Riggins</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 28-1864</u>		
7. AGE	YEARS <u>68</u>	MONTHS <u>4</u>
	DAYS <u>19</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at Home</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Housewife</u>	
	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) <u>Chariton Co Mo</u>		
FATHER	13. NAME <u>Peter Anavaly</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Brunswick Mo</u>	
	15. MAIDEN NAME <u>Catherine Callier</u>	
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Brunswick Mo</u>	
	17. INFORMANT (ADDRESS) <u>Jas Anavaly</u> <u>Brunswick Mo</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Brunswick Mo</u> DATE <u>May 19 1933</u>		
19. UNDERTAKER (ADDRESS) <u>H. W. Hissel</u> <u>Brunswick Mo</u>		
20. FILED <u>5/17</u> 19 <u>33</u> <u>H. E. Jatum</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 16 1933

22. I HEREBY CERTIFY, That I attended deceased from January 1 1933 to May 16 1933  
 I last saw her alive on May 16 1933 Death is said to have occurred on the date stated above, at 9 A. m.  
 The principal cause of death and related causes of importance were as follows:  
myocarditis  
Arterio-sclerosis  
 Date of onset 1 yr

Other contributory causes of importance:  
5 yr

Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis clinical Was there an autopsy? no

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) Harry E. Jatum, M. D.  
 (Address) Brunswick Mo

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