

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

Do not use this space.

1. PLACE OF DEATH

County Webster
Township Franklin
City Seymour (No.)

Registration District No. 897
Primary Registration District No. 4345

File No. 22173
Registered No. 15
St. Ward)

2. FULL NAME Edward Riggle

(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 15 - 1843</u>		
7. AGE YEARS <u>890</u>	MONTHS <u>11</u>	DAYS <u>26</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>Farmer</u>	
	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

12. BIRTHPLACE (CITY OR TOWN) Ohio
(STATE OR COUNTRY)

FATHER 13. NAME Michael Riggle
14. BIRTHPLACE (CITY OR TOWN) Penn.
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Sarah Bensingger
16. BIRTHPLACE (CITY OR TOWN) Penn.
(STATE OR COUNTRY)

17. INFORMANT G. B. Riggle
(ADDRESS) Seymour Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Masonic Cemetery DATE June 29 1933

19. UNDERTAKER Helley Sebell
(ADDRESS) Seymour Mo

20. FILED 622 1933 H. A. Watson
Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 9 1933

22. I HEREBY CERTIFY, That I attended deceased from June 16 1933 to June 21 1933
I last saw h. alive on June 16 1933 Death is said to have occurred on the date stated above, at 8 P.m.

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

Senility (age 90)
Weak heart
1107 167
Other contributory causes of importance:

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) [Signature] M. D.
(Address) [Address]

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.

FILE 28 1933

WHITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

