

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

Do not use this space.

40125

JAN 26 1934

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Kau Primary Registration District No. 100
 City Kansas City (No. Memorial Hospital Ward)

File No. _____
 Registered No. 4936

2. FULL NAME

Fred. H. Rigby
 (a) Residence, No. 1927 Myrtle St., Ward. _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Ma 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 21, 1894

7. AGE YEARS 39 MONTHS 3 DAYS 25 If LESS than 1 day, hrs. or min.

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

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

10. Date deceased last worked at this occupation (month and year) Nov 25, 1933 11. Total time (years) spent in this occupation 17 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kennett Mo

13. NAME Thomas H. Rigby

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

15. MAIDEN NAME Anna Tomasek

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cedar Rapids Iowa

17. INFORMANT (ADDRESS) Agatha Rigby

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE 12-18-33

19. UNDERTAKER (ADDRESS) Suddarth-Bachman 6900 Forest Ave memo

20. FILED 12/16/33 M. M. Grove Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-16, 1933

22. I HEREBY CERTIFY, That I attended deceased from 11-26-33 to Dec 16, 1933
 I last saw him alive on Dec 16, 1933 Death is said to have occurred on the date stated above, at 2:45 m.

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

Adenocarcinoma of recto-sigmoid. Date of onset _____

Other contributory causes of importance: Secondary hemorrhage due to metastasis from resection

Name of operation Resection of sigmoid Date of 11-26-33

What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following: no
 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? no
 If so, specify _____

(Signed) O. J. Prout, M.D., M. D.
 (Address) 17400 Prof Bldg K. C. Mo.

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.

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