

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

Do not use this space.

11517

1. PLACE OF DEATH **APR 26 1935**

91 County Saline Registration District No. 796  
Township Marshall Primary Registration District No. 3038  
City Marshall, Mo. No. Tibbitts Way St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 35  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Vera Caroline Riggins

(a) Residence, No. W. Jackson St. St. \_\_\_\_\_  
(Usual place of abode) \_\_\_\_\_

(If nonresident, give city or town and State)

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

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 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 Wm H. Riggins

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 26, 1901

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>33</u>	<u>4</u>	<u>9</u>	

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

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) (STATE OR COUNTRY) Higginsville, Mo.

13. NAME Wm H. Riggins

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hedrick, Mo.

15. MAIDEN NAME Emma Dejeu

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

17. INFORMANT Wm H. Riggins  
(ADDRESS) Marshall, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Ridge Cemetery DATE Mar. 6 1935

19. UNDERTAKER J. C. ...  
(ADDRESS) Marshall, Mo.

20. FILED Mar 6 1935 Albustown Deputy Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 4 1935

22. I HEREBY CERTIFY, That I attended deceased from July 26 1935 to Mar. 4 1935

I last saw her alive on Mar. 4 1935 Death is said

to have occurred on the date stated above, at 6:00 P. m.

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

Acute Broncho Pneumonia Date of onset 2-26-

Other contributory causes of importance Influenza 10

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? no

If so, specify \_\_\_\_\_

(Signed) W. H. ... M. D.

(Address) Marshall, 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.

