

MAY 8 1935

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

Do not use this space.

12129

15

1. PLACE OF DEATH

County Cass  
Township Osage  
City Cassington Mo (No. \_\_\_\_\_)

Registration District No. 117  
Primary Registration District No. 5167

File No. 2  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. Cassington Mo St. \_\_\_\_\_ Ward \_\_\_\_\_

Length of residence in city or town where death occurred 1 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) \_\_\_\_\_

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 day, hrs. or min. 6 0 14

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. no

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

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) Cassington City Mo - near Cass Creek

13. NAME George W Riggs

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Morgan Co. Mo -

15. MAIDEN NAME Belle Nutters

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cassington Co. Mo -

17. INFORMANT (ADDRESS) Mother Cassington Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Cass Creek DATE 4-30 1935

19. UNDERTAKER (ADDRESS) Tom King Cassington Mo

20. FILED May 10, 1935 Lizzie Miller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-29 1935

22. I HEREBY CERTIFY, That I attended deceased from 4-20 1935 to 4-29 1935

I last saw him alive on 4-29- 1935 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:

Heart failure  
Acute Nephritis  
1150

Date of onset 4-20-35

Other contributory causes of importance: Fallopian Roulets 4-20-35

Name of operation none Date of none

What test confirmed diagnosis? Phys signs 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 \_\_\_\_\_

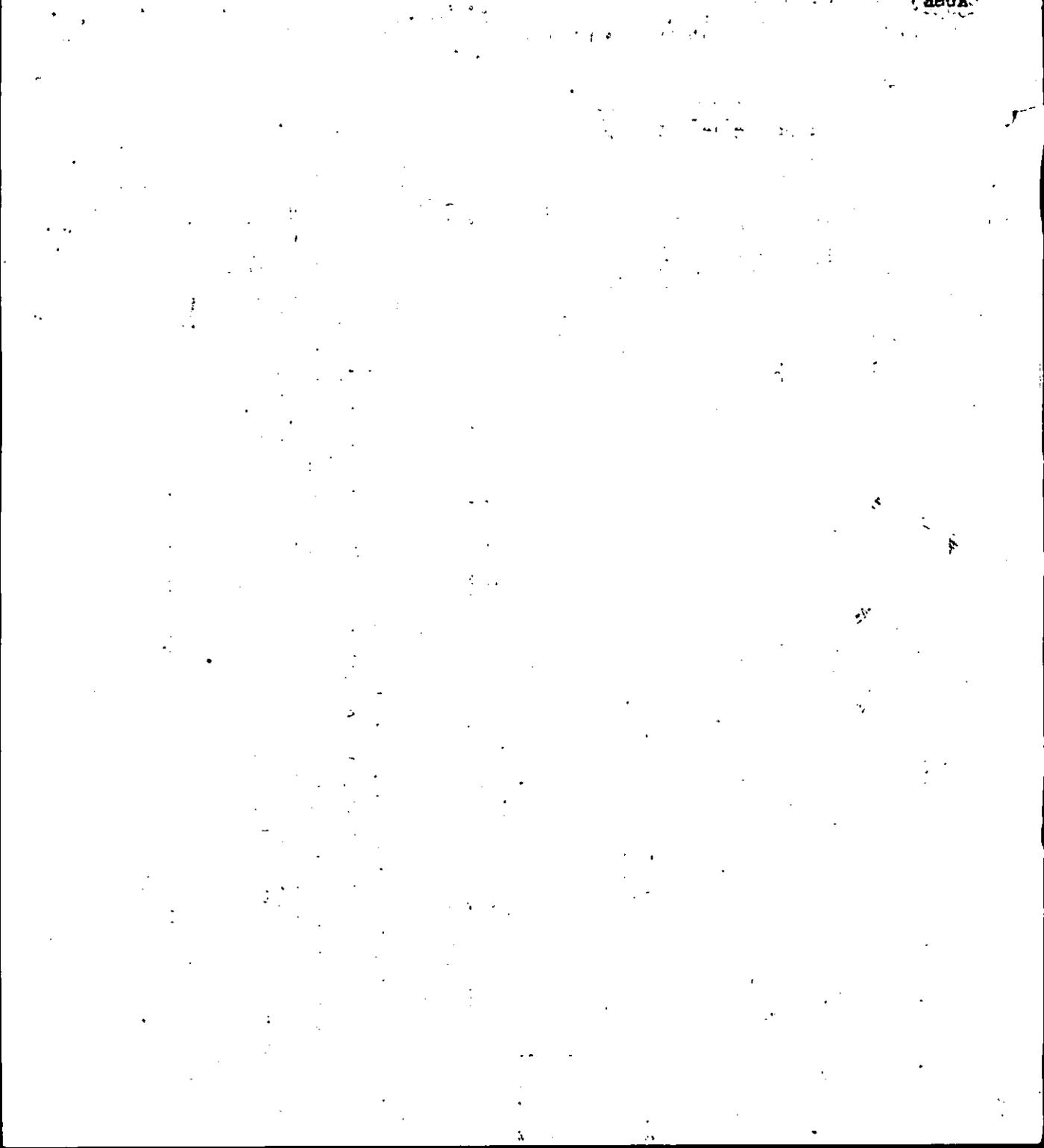
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_ Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_ (Signed) D. E. Robinson M. D. (Address) Cassington Mo

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.



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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.  
 File No. \_\_\_\_\_  
 Registered No. 2  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**1. PLACE OF DEATH**

County Camden  
 Township \_\_\_\_\_  
 City \_\_\_\_\_

Registration District No. 117  
 Primary Registration District No. 5167

**2. FULL NAME**

Hugh Thomas Reggs

(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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) apr-15-29

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
6 0 14

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

FATHER  
 13. NAME

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

MOTHER  
 15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE \_\_\_\_\_ DATE \_\_\_\_\_ 19.

19. UNDERTAKER (ADDRESS)

20. FILED May 18 1935 Lizzie Kelly Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) APR 29 1935, 19

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19, to \_\_\_\_\_, 19, I last saw him/her on \_\_\_\_\_, 19. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

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

Hematoma  
acute nephritis  
 Other contributory causes of importance:  
115007

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

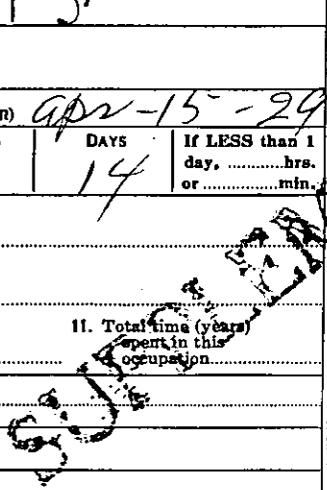
23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? no Date of injury no, 19  
 Where did injury occur? no  
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury home  
 Nature of injury home

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_

(Signed) D. C. Leubolds, M. D.  
 (Address) Camden, Mo



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