

JUL 13 1935

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

finished  
Do not use this space.

12395

## 1. PLACE OF DEATH

County DeKalbTownship CanfieldCity Amity (No. ....)Registration District No. 259Primary Registration District No. 4156

File No. ....

Registered No. ....

St. .... Ward)

2. FULL NAME Samuel A Riggs

(a) Residence, No. ....

(Usual place of abode)

Ward. ....

(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 Male4. COLOR OR RACE W5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sylvia Riggs6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 2-1873

7. AGE

YEARS 61MONTHS 6DAYS 23

If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retail Merchant

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) DeKalb Co.

FATHER

13. NAME Sam D. Riggs14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DeKalb Co. Mo

MOTHER

15. MAIDEN NAME Cassius Fitzgerald16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky17. INFORMANT (ADDRESS) J. J. Riggs18. BURIAL, CREMATION, OR REMOVAL Amity, MoDATE 5/27-3519. UNDERTAKER (ADDRESS) W. G. Pickett20. FILED 6-10-1935Mrs. Nettie Gibson

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 25, 193522. I HEREBY CERTIFY, That I attended deceased from October 19, 1932 to April 25, 1935I last saw him alive on April 25, 1935. Death is said to have occurred on the date stated above, at 11: A.m.

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

Endocarditis  
Acute parenchymatous  
Coronary thrombosis

Date of onset

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

(Signature)

(Address)

M. D.



# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.  
ALL INFORMATION CALLED  
OR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY

## 1. PLACE OF DEATH

County St. LouisTownship AmityCity Amity (No.       )Registration District No. 259Primary Registration District No. 4156File No.       Registered No.       St.        Ward       2. FULL NAME Samuel A. Riggs(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

## MEDICAL CERTIFICATE OF DEATH

3. SEX M4. COLOR OR RACE W5. SINGLE, MARRIED, WIDOWED, OR  
DIVORCED (write the word) m5A. 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.61623

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  
occupation12. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)

## 13. NAME

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

## 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 Sept 5 1935 ma. Hattie Gibson  
Registrar21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 28 193522. I HEREBY CERTIFY, That I attended deceased from  
....., 19....., to....., 19.....I last saw the deceased alive 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:

Date of death

Endocarditis AcuteAcute pericarditisMyocarditis

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) Hugh Johnson, M. D.(Address) Marionville Mo

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