

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

Do not use this space.

Dr. Leslie Webb
File No. 26262
Registered No. 616
St. _____ Ward _____

³¹ SEP 9 1936

1. PLACE OF DEATH

County Greene Registration District No. 318
Township Springfield Mo. Primary Registration District No. 2691
City 1203 N. Grant St. _____ Ward _____

2. FULL NAME

Catherine M. Riggs
(a) Residence, No. 1203 N. Grant 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 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 W. S. Riggs
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 30 1872
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
63 6 19
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home
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) Levon

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) W. S. Riggs

18. BURIAL, CREMATION, OR REMOVAL PLACE Griffiths DATE July 22 1936

19. UNDERTAKER (ADDRESS) Anna S. Anderson

20. FILED 7-21-1936 Dr. Charles George Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 19 1936
I HEREBY CERTIFY That I attended deceased from July 7 1936 to July 19 1936
I last saw her alive on July 19 1936 Death is said to have occurred on the date stated above, at 11:34 A.M.
The principal cause of death and related causes of importance were as follows:

Coronary Occlusion Date of onset 7-7-36
946
Other contributory causes of importance: Hypertension 4-4-30

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) Leslie B. Webb, M. D.
(Address) Springfield, Mo.

WHILE PRINTING, 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.

