

Exact statement of OCCUPATION is very important.

JAN 20 1937

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

Do not use this space.

45134

1. PLACE OF DEATH

County Jasper Registration District No. 408
 Township Carthage Primary Registration District No. 3020
 City Carthage (No.) St. Ward)

2. FULL NAME

Edward W. Rigger
 (a) Residence, No. McBane Bank Hospital Bldg. Ward. Rt #4 Carthage
 (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 18, 1936

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

22. I HEREBY CERTIFY, That I attended deceased from Dec 17, 1936, to Dec 18, 1936
 I last saw him alive on Dec 17, 1936 Death is said to have occurred on the date stated above, at 1:30 p.m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 22 1876
 7. AGE YEARS 60 MONTHS 8 DAYS 26 If LESS than 1 day,hrs. ormin.

The principal cause of death and related causes of importance were as follows:
Acute Pulmonary Edema
Cerebral Hemorrhage

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

Date of onset 12-17-36
12-17-36

12. BIRTHPLACE (CITY OR TOWN) Richland County (STATE OR COUNTRY) Mo.

Other contributory causes of importance:
None

MOTHER FATHER
 13. NAME Henry C. Rigger

Name of operation Date of
 What test confirmed diagnosis Was there an autopsy? No

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

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.

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) McBane Bank Hospital Bldg. Rt #4 Carthage

18. BURIAL, CREMATION, OR REMOVAL PLACE Jack Cemetery DATE 12/19, 1936

19. UNDERTAKER (ADDRESS) Walt City Undert Co. 2111 1/2 W. Main St. Carthage Mo.

20. FILED Dec-19, 1936 S. B. Chilton Registrar.

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify
 (Signed) J. H. Byrd, M. D.
 (Address) Carthage Mo

