

11
50
9
JUL 26 1937

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

Do not use this space.

23178

1. PLACE OF DEATH

County Buchanan
Township
City St. Joseph (No. St. Joseph Hospital)

Registration District No.

Primary Registration District No.

File No.

Registered No. 663

663

2. FULL NAME John Thomas Riggle

(a) Residence, No. 1002 Green St. Ward.

Length of residence in city or town where death occurred 4 yrs. 4 mos. 4 ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

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) May-8-1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
84 0 27

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

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) Washington Penn

13. NAME Abraham Riggle

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

15. MAIDEN NAME Bankhurst

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

17. INFORMANT (ADDRESS) Joe Murray Oregon Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Highland Cem. DATE June-8-1937

19. UNDERTAKER (ADDRESS) J. Fred Terhune

20. FILED 1937 J. H. Notch Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June-5-1937

22. I HEREBY CERTIFY, That I attended deceased from May 30 1937, to June 5 1937

Last saw him alive on June 5 1937. Death is said to have occurred on the date stated above, at 9:10 P. m.

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

Intertrochanteric Fracture of Left Femur Date of onset April 9

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? X-ray Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury 4/9 1937

Where did injury occur? at home St. Joseph Mo (Specify city or town, county, and State)

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

Manner of injury Fell on floor

Nature of injury Fracture Left Femur

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

If so, specify

(Signed) Jacob Kuloualik, M. D. (Address) St. Joseph, 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.

