

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

Do not use this space.

**OCT 19 1937**

County Jackson Registration District No. 399 File No. 33380  
 Township Kan. Primary Registration District No. 1002 Registered No. 33380  
 City Kansas City, Mo. Research Hospital St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Baby Riggs  
 (a) Residence, No. 500 Franklin Blvd St. \_\_\_\_\_ Ward K 676  
 (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 male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Use the word) Infant  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 15, 1937  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day \_\_\_\_\_hra. or 30 min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None  
 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) Kansas City (STATE OR COUNTRY) Missouri

MOTHER 13. NAME John William Edwin Riggs

FATHER 14. BIRTHPLACE (CITY OR TOWN) Kansas City (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Shirley

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

17. INFORMANT John William Edwin Riggs (ADDRESS) 1200 Grandwood Blvd. K.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Research Hosp. Lab. DATE Aug 16 37

19. UNDERTAKER (ADDRESS) W. M. Brown

20. FILED Sept 22 1937 W. M. Brown Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_  
 I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 1:45 p. m.  
 The principal cause of death and related causes of importance were as follows:

Pneumature 7 1/2 hrs,  
159  
 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 \_\_\_\_\_  
 (Signed) [Signature], M. D.  
 (Address) 181 E. 11th

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

