JAN 17 1938

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

Do not use this space.

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1. PLACE OF DEATH

County DeKalb — Registration District No. 259 — File No. 45219

Township Camden — Primary Registration District No. 4158 — Registered No.

City Maysville (No. R. , St. Ward)

32 2 3

2. FULL NAME Zadok Tompkins Riggs

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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 (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Jennie W. Riggs

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 9-29-1862

7. AGE: YEARS 75 — MONTHS 2 — DAYS 18 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Merch ant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 26
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 County Missouri

FATHER
13. NAME: Wm. W. Riggs
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Boone County Missouri

MOTHER
15. MAIDEN NAME: Caroline Fitzgeral d
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

17. INFORMANT (ADDRESS): Jennie W. Riggs Maysville, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Memorial Park St. Joseph, Mo. DATE: 12/20 37

19. UNDERTAKER (ADDRESS): U. G. Pilcher Maysville, Mo.

20. FILED: 12-20 1937 Ethel H. Boner, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): December 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to Dec. 17, 1937

I last saw him alive on Dec. 17, 1937. Death is said to have occurred on the date stated above, at 8 a.m.

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

Coronary Occlusion — Date of onset

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Other contributory causes of importance: Arterio Sclerosis

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? No

If so, specify

(Signed) [signature] M. D.

(Address) Maysville Mo

WRITE PLAINLY, 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.

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