

411

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

Do not use this space.

3  
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1. PLACE OF DEATH

County Buchanan  
Township  
City St Joseph

Registration District No. 85  
Primary Registration District No. 1001  
State Hospital #2.

File No. 2071  
Registered No. 52  
St. Ward

2. FULL NAME

Walter C. Riggins 250 (Walter C. Riggins)

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

Length of residence in city or town where death occurred yrs. 6 mos. 29 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Ora L. Riggins</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 4, 1877</u>		
7. AGE	YEARS <u>60</u>	MONTHS <u>4</u>
	DAYS <u>10</u>	If LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. <u>Salesman</u>	
	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	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 16, 1937, to Jan 14, 1938.  
I last saw him alive on Jan 12, 1938. Death is said to have occurred on the date stated above, at 7:45 A.m.

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

Bronchitis Pneumonia

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Other contributory causes of importance

FEB 21 1938

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Evanville Indiana

FATHER

13. NAME George M. Riggins

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT Hospital Records  
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Mt. Mora Cemetery DATE Jan 15, 1938

19. UNDERTAKER Walter Meierhoffer  
(ADDRESS) 1302 Parson St. St. Joseph, Mo.

20. FILED 1-15 1938 W. J. Nestlehurst Registrar.

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Name of operation Unknown Date of Unknown  
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? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) R. Kuhlmann M. D.  
(Address) State Hospital no 2  
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.

