REC'D SEP 13 1938

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

Do not use this space.

27979

1. PLACE OF DEATH
County Jackson
Township Kaw
City K.C.Mo.
Registration District No. 399
Primary Registration District No. 1002
(No. St.Joseph Hospital St. Ward)
File No.
Registered No. 3290

2. FULL NAME Alma E.Rigney
(a) Residence, No. 3705 So. Benton St., Ward.
(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: Fem.
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Maurice F. Rigney

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb.26,1890.

7. AGE: YEARS 48 MONTHS 5 DAYS 20 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
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) Kansas City Kansas

FATHER
13. NAME Henry Hartman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City Kansas

MOTHER
15. MAIDEN NAME Alice Walters
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City Kansas

17. INFORMANT (ADDRESS) Edith M. Walters 3705 So. Benton K.C.Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Louisburg, Kans. DATE 8/20/38 19

19. UNDERTAKER (ADDRESS) J.E.O'Donnell,Co. 3256 Broadway,K.C.Mo.

20. FILED Aug 19 1938 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-16-38, 19

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 7 45 m.
The principal cause of death and related causes of importance were as follows:

Deputy Coroner

Sub Pial Hemorrhage

Subdermal - 820

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Autopsy 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) Russell W. Fenn, M. D.
(Address) K.C.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.

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD

X7044