REC'D MAY 10 1939

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

Do not use this space.

1. PLACE OF DEATH
County Ripley 1 Registration District No. 752 File No. 15923
91 Township Pine Primary Registration District No. 5993 Registered No. 4
City (No. ... St. ... Ward)

2. FULL NAME Edward S Rigler
(a) Residence, No. 246 St., Ward.
(Usual place of abode) Pine Mo (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 2 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 agnes McMahon.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-7-1888
7. AGE YEARS 51 MONTHS 2 DAYS 14 If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
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) 1938.
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Philadelphia Penn

FATHER
13. NAME Harry Rigler 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown 9

MOTHER
15. MAIDEN NAME " 9
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) "

17. INFORMANT (ADDRESS) Agnes Rigler - wife Pine Mo.
18. BURIAL, CREMATION, OR REMOVAL Ripley Co, Mo,
PLACE Towles Cem. DATE 4-23-39
19. UNDERTAKER (ADDRESS) Jordan Doniphan
20. FILED 4-23-1939 G. G. Sprague Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-21-, 1939.
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 10 P. m.,
The principal cause of death and related causes of importance were as follows:

Acute Valvular Heart Disease — Date of onset: unknown

Other contributory causes of importance: 92 U

Name of operation ... Date of ...
What test confirmed diagnosis? Clinical 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) Clifford Gofouth, M. D.
176 (Address) Doniphan 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.