

NOV 22 1939

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

35642
Do not use this space.

1. PLACE OF DEATH
 (a) County Caldwell 2 Registration District No. 99
 (b) Township Rockford 1 Primary Registration District No. 3-147 Registered No. _____
 (c) City _____ (d) Street No. _____ St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Bruce B. Rigdon
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Sarah Rigdon OR WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 6 1867

7. AGE YEARS <u>72</u>	MONTHS <u>2</u>	DAYS <u>21</u>	IF LESS THAN 1 day, _____ hrs. or _____ min.
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OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as saw mill, bank, etc. Farmer
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

FATHER
 12. BIRTHPLACE (CITY OR TOWN) Andrew Co (STATE OR COUNTRY) Mo
 13. NAME John Rigdon
 14. BIRTHPLACE (CITY OR TOWN) Ky (STATE OR COUNTRY) 1

MOTHER
 15. MAIDEN NAME Swagart
 16. BIRTHPLACE (CITY OR TOWN) Ky (STATE OR COUNTRY) 1

17. INFORMANT Ployd Rigdon (ADDRESS) Palo Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Prans Ridge DATE 10-29-39

19. FUNERAL DIRECTOR (NAME) Alsprought Cowley (ADDRESS) Palo Mo

20. FILED Nov 1 1939 Mrs Wylie Thompson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 27 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 10 1939, to Oct 27 1939
 I last saw him alive on Oct 26 1939. Death is said to have occurred on the date stated above, at 8 P. m.
 The principal cause of death and related causes of importance were as follows:
Empyema Left Pleural Cavity Date of onset Oct 20-39
110 lb
 Other contributory causes of importance: Hypertension Oct 10-39
Hypertension

Name of operation _____ Date of _____
 What test confirmed diagnosis? Chemical 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? No
 If so, specify _____
 (Signed) C. H. Wilson _____, M. D.
103 (Address) Palo 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.

RECEIVED

District Health Officer No. 11,
District File No. 1139-1492
Date Filed NOV 13 1939

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,, or by

Registered Apprentice No., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.