

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

Do not use this space.

8758

1. PLACE OF DEATH

County Boone Registration District No. 92
 Township Centralia Primary Registration District No. 4041
 City Centralia No. _____ St. _____ Ward _____

File No. _____
 Registered No. 13

2. FULL NAME

Susie Myrtle Riggs
 (a) Residence, No. _____ St. _____ Ward _____
 (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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (NAME OF) <u>J. W. Riggs</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar 3 - 1847</u>		
7. AGE	YEAR <u>83</u>	MONTHS <u>6</u> DAYS <u>24</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Home 235</u>		
10. Date deceased last worked at this occupation (month and year) <u>1-1-31</u>		11. Total time (years) spent in this occupation <u>10</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Boone Co. Mo.</u>		
13. NAME <u>John M. Blanchard</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wentworth 2</u>		
15. MAIDEN NAME <u>Un Known</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Un Known 1</u>		
17. INFORMANT <u>Walter Beeggs</u> (ADDRESS) <u>Hardy 1 March</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Centralia Cem</u> DATE <u>3/29</u> 19 <u>31</u>		
19. UNDERTAKER <u>M. J. McDougal</u> (ADDRESS) <u>Centralia Mo</u>		
20. FILED <u>3/30</u> 19 <u>31</u> <u>J. V. Henderson</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 27 1931

22. I HEREBY CERTIFY, That I attended deceased from Mar 27 1931, to Mar 27 1931.
 I last saw her alive on Mar 27 1931. Death is said to have occurred on the date stated above, at 5:30 A. M.
 The principal cause of death and related causes of importance were as follows:
Apoplexy
87th St
J. W.
 Other contributory causes of importance: _____
 Date of onset 3-27-31

Name of operation None Date of _____
 What test confirmed diagnosis Physical Examination 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) W. J. Palmer, M. D.
 (Address) Centralia, 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.

1931

