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

Do not use this space.

19110

1. PLACE OF DEATH

31 County Daviess — Registration District No. 248 — File No.

Township Sheridan — Primary Registration District No. 5345 — Registered No. 11

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Julia F. Rigdon

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

Length of residence in city or town where death occurred — yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

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 wife

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 18 1861

7. AGE YEARS 70 MONTHS 6 DAYS 11 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. same

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation all life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Caldwell Co., Missouri

FATHER

13. NAME William Myers

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cont Knowe

MOTHER

15. MAIDEN NAME Elizabeth Harter

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cont Knowe

17. INFORMANT (ADDRESS) Mrs S T Parist 5326 Tracy K.C., Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Winston Mo DATE July 1 1932

19. UNDERTAKER (ADDRESS) H. F. Parrell Ridder Mo.

20. FILED ..... 19 Mrs Sam Sunfan Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 29, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 26, 1932, to June 29, 1932

I last saw her alive on June 28, 1932 Death is said to have occurred on the date stated above, at 3 P m.

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

	Date of onset
Lobar pneumonia	June 25 to 26, 1932
108	
82A 108	

Other contributory causes of importance:

apoplexy (1) — about Jan 1932

Name of operation none Date of .....

What test confirmed diagnosis? Clinical phys. 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) Fred K Wilson, M. D.

(Address) Winston Mo.

AUG 23 1932

NOTE. 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.