

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

Do not use this space.

1. PLACE OF DEATH **Veterans' Administration Hospital**  
 County **Jackson** Registration District No. **1002**  
 Township **Kaw** Primary Registration District No. **1002**  
 City **Kansas City, Mo.** (No. **Veterans Hospital**)

File No. **9686**  
 Registered No. **1200**  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME **RIGG, John Clarence** G-1 945 312 202-10  
 (a) Residence, No. **Grand Island, Nebr** St. \_\_\_\_\_ Ward \_\_\_\_\_ Ph. M. **3/c USN**  
 (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<br><b>Male</b>  | 4. COLOR OR RACE<br><b>White</b>   | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><b>Separated</b> |  |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF<br><b>Unknown</b> |  |   |  |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>May 4, 1893</b>                     |  |   |  |
| 7. AGE YEARS<br><b>39</b>  | MONTHS<br><b>10</b>  | DAYS<br><b>24</b>   | If LESS than 1 day, _____ hrs. or _____ min.                 |
| OCCUPATION   | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.<br><b>Cook</b> |   |  |
|  | 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<br><b>10</b> |

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **March 16, 1933**

22. I HEREBY CERTIFY, That I attended deceased from **February 28, 1933** to **March 16, 1933**  
 I last saw him alive on **March 16, 1933** Death is said to have occurred on the date stated above, at **9 P.M.**  
 The principal cause of death and related causes of importance were as follows:  
**V.H.D. Regurgitation with Cirrhosis of the liver** Date of onset **Unknown**

Other contributory causes of importance:  
**Thrombosis, Femoral Vein left with multiple abscesses of left thigh** **Unknown**

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis **Exam. & Lab** 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? **6-**  
 If so, specify \_\_\_\_\_  
 (Signed) **W. E. Chambers**, M. D.  
**W. E. CHAMBERS, Med. Officer in Charge**  
**Vet. Adm. Hosp. Kansas City, Mo.**

|   |  |
|---|--|
| FATHER  | 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Colorado</b> |
|   | 13. NAME <b>Unknown</b>  |
| MOTHER  | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Unknown</b>  |
|   | 15. MAIDEN NAME <b>Unknown</b>                                   |
|   | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Unknown</b>  |
| 17. INFORMANT (ADDRESS) <b>K. G. Mo</b>   |  |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <b>Grand Island, Neb</b> DATE <b>3/17, 1933</b> |  |
| 19. UNDERTAKER (ADDRESS) <b>Freeman Mortuary, Kc Mo</b>                                 |  |
| 20. FILED <b>3-17-33 M. M. Crowe</b> Registrar.   |  |

