CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D AUG 26 1938

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

Do not use this space.

1. PLACE OF DEATH

County Pemiscot — Registration District No. 653 — File No. 26122

Township Braggadocio — Primary Registration District No. 5871 — Registered No. 76

City Near Braggadocio, Mo. (Ward) St.

2. FULL NAME Stillborn of Mr. & Mrs. Willma Riggs

(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. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): ✓

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: ✓

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 7-29, 1938

7. AGE: YEARS ✓ MONTHS ✓ DAYS ✓ If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Braggadocio Mo. 0

FATHER

13. NAME: Wilma Riggs 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Parsons, Tenn 1

MOTHER

15. MAIDEN NAME: Mildred Punch
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn.

17. INFORMANT (ADDRESS): Cecil Riggs, Braggadocio, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Braggadocio Mo. DATE 7-30, 1938

19. UNDERTAKER (ADDRESS): Ray Und. Co. Hayti, Mo.

20. FILED 7-30, 1938 J. W. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 28, 1938, to July 28, 1938
I last saw her alive on July 28, 1938. 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:

Premature Birth

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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?
If so, specify .....
(Signed) Asier J. Speer, M. D.
(Address) Deering Mo.