

REC'D OCT 18 1938

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

32985
Do not use this space.

1. PLACE OF DEATH

(a) County Jeniseat Registration District No. 1102
 (b) Township Barren Primary Registration District No. 7850
 (c) City Brooks City (d) Street No. 5870 Registered No. _____
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth, mos. ds.
 (If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME

(a) Residence, No. _____ St. 2-A-71 (If nonresident, give city or town and State)
CARL VERNON Riggs (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 9, 1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs or _____ min
2 1

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. _____
 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) Tennessee

FATHER 13. NAME Clarence M. Riggs

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

MOTHER 15. MAIDEN NAME Louise Mildred Lindberg

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Clarence M. Riggs
Brooks City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Near Kennett, Mo. DATE 6/10/38

19. FUNERAL DIRECTOR (ADDRESS) La Forge Undert. Co.
Caruthersville, Mo.

20. FILED July 30 1938 Mrs T.R. Cali
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June - 10 - 1938

22. I HEREBY CERTIFY, That I attended deceased from June 4, 1938 to June 10, 1938
 I last saw him alive on June 4, 1938. Death is said to have occurred on the date stated above, at 3:22 a.m.
 The principal cause of death and related causes of importance were as follows:

2 cabbis
11/16

Other contributory causes of importance: Feeding Problem - not investigated

Name of operation _____ Date of _____
 What test confirmed diagnosis? STS 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) Arthur, M. D.
 (Address) Boyer, Mo.

WHITE 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.

1 X12004

STATEMENT BY LICENSED EMBALMER

I, NOT EMBALMED, Licensed Embalmer No. _____
hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____
L. E. _____
No. _____ or by _____ Registered Apprentice No. _____
working under my personal supervision.
Signed _____
Licensed Embalmer No. _____

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.)