

MOISSOURI 1939

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

25490  
Do not use this space.

1. PLACE OF DEATH  
 (a) County DE KALB 2 Registration District No. 263  
 (b) Township ADAMS 1 Primary Registration District No. 5365 Registered No. \_\_\_\_\_  
 (c) City \_\_\_\_\_ (d) Street 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? yrs. mos. ds.  
 2. PRINT FULL NAME MARY CATHERINE RIGGS  
 (a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. F. Riggs  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 18-1863  
 7. AGE YEARS 76 MONTHS 0 DAYS 13 If LESS than 1 day, hrs. or min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home  
 9. Industry or business in which work was done, as saw mill, bank, etc. house wife  
 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) Pa. 1

FATHER 13. NAME William Welter

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa. 5

MOTHER 15. MAIDEN NAME Isabelle Dalzell

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

17. INFORMANT (ADDRESS) Fred Riggs

18. BURIAL, CREMATION, OR REMOVAL PLACE RIGGS CEMETERY DATE 7/26/39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) H. J. Lecher  
Marionville Mo.

20. FILED ingl 1939 James Fitzgerald  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/23 1939  
 22. I HEREBY CERTIFY, That I attended deceased from 7/23 1938, to 7/23 1939  
 I last saw him alive on 7/23 1939. Death is said to have occurred on the date stated above, at 2:53 pm.  
 The principal cause of death and related causes of importance were as follows:

Coronary occlusion  
arteria sclerotic with hypertensive  
 Date of onset 7/22/39  
 Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? clinical 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 W. Wilson \_\_\_\_\_, M. D.  
238 (Address) Unionville 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.

FORM 1-30 I X14023

RECEIVED

District Health Officer No. 117

District File Number

839-941

Date Filed

Feb 2 1938

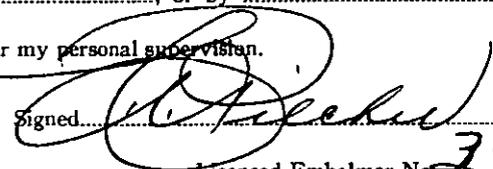
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

..... or by .....

Registered Apprentice No. ...., working under my personal supervision.

Signed



Licensed Embalmer No.

3960

P. O. Address

Meyville Mo

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.)

If this body is not embalmed, above space should be left blank.