

JUN 25 1935

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

30148

## 1. PLACE OF DEATH

County Monaghan  
 Township Walster  
 City California (No. 571)

Registration District No. 571  
 Primary Registration District No. 4335

File No. \_\_\_\_\_  
 Registered No. 54  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

(a) Residence, No. \_\_\_\_\_  
 (Usual place of abode)

St. \_\_\_\_\_ Ward \_\_\_\_\_

(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 Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF L. L. Carter

7. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 24 = 1868

8. AGE YEARS 67 MONTHS 5 DAYS 19 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

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

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

12. Total time (years) spent in this occupation

13. BIRTHPLACE (CITY OR TOWN) Illinois  
 (STATE OR COUNTRY)

14. NAME Lawrence Riggs

15. BIRTHPLACE (CITY OR TOWN) Illinois  
 (STATE OR COUNTRY)

16. MAIDEN NAME Susan Robinson

17. BIRTHPLACE (CITY OR TOWN) West Virginia  
 (STATE OR COUNTRY)

18. INFORMANT L. L. Carter  
 (ADDRESS) California

19. BURIAL, CREMATION, OR REMOVAL Masonic Cem  
 PLACE DATE 9/15

20. UNDERTAKER H. Williams & Friedman  
 (ADDRESS) California

21. FILED 9-14 1935 H. H. Poppey  
 Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 13 1934

22. I HEREBY CERTIFY, That I attended deceased from June 24 1935 to Sept 13 1934

I last saw her alive on Sept 13 1934 Death is said

to have occurred on the date stated above, at 9:30 p.m.

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

Cerebral hemorrhage Date of onset 6/24/35

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) E. A. Tibbe M. D.

(Address) California

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.

MAR 19 1948

