

400491

BUREAU OF VITAL STATISTICS ARIZONA STATE BOARD OF HEALTH STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH
County Yavapai State Arizona
District or Township Prescott or Village
City No. Ash Fork Highway St. Ward

State File No. 456
Registered No. 415 B

2. FULL NAME Sherburne Riggins
(a) Residence No. St. Ward.
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 Male 4. COLOR or RACE White 5. SINGLE, MARRIED, WIDOWED or DIVORCED Married

5a. If married, widowed, or divorced HUSBAND of Lucy Riggins (or) WIFE of

6. DATE OF BIRTH (month, day and year) Oct 11, 1907

7. AGE Years Months Days IF LESS than 1 day hrs. or min.
20 8 10

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business or establishment in which employed (or employer) Common
(c) Name of employer Cordell

9. BIRTHPLACE (city or town) Cordell (State or country) Oklahoma

10. NAME OF FATHER M. D. Riggins

11. BIRTHPLACE OF FATHER No record (State or country) Arkansas

12. MAIDEN NAME OF MOTHER Mollie Winder

13. BIRTHPLACE OF MOTHER No record (State or country) Texas

14. Informant M. D. Riggins (Address)

15. Registrar Harry F. Southworth

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June 1 1927
Month Day Year

17. I HEREBY CERTIFY, That I attended deceased from 19 to 19 that I last saw h. alive on 19 p

and that death occurred, on the date stated above, at 9-30 m. The CAUSE OF DEATH\* was as follows: Homicide, Gun-shot wound

(duration) yrs. mos. ds. CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? Did an operation precede death? Date of Was there an autopsy? What test confirmed diagnosis (Signed) M. D. (Address) Prescott Ariz

\* State the Disease Causing Death, or in deaths from Violent Cause, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL Phoenix Arizona DATE OF BURIAL June 4-1927

20. UNDERTAKER Lester Ruffner ADDRESS Prescott Ariz

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD. 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. See instructions on back of certificate.