

2002

MARGIN RESERVED FOR BINDING  
N. B.—WRITE MAINLY, 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.

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

State File No. 468 Registered No. 569

1. PLACE OF DEATH  
 County Yavapai State Arizona  
 Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City Prescott No. County Hospital St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If death occurred in a hospital or institution, give its NAME instead of street and number)  
 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.

2. FULL NAME Louis C. Riggs  
 (a) Residence: No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) <u>Married</u>			21. DATE OF DEATH (month, day, and year) <u>2/29/32</u> , 19	
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of <u>Elizabeth Riggs</u>					22. I HEREBY CERTIFY, That I attended deceased from <u>Feb 15</u> , 19 <u>32</u> to <u>Feb 29</u> , 19 <u>32</u> I last saw him alive on <u>Feb 16</u> , 19 <u>32</u> ; death is said to have occurred on the date stated above, at _____ m. The principal cause of death and related causes of importance were as follows: <u>Organic Heart Disease</u>	
6. DATE OF BIRTH (month, day, and year) <u>1859</u>					Date of Onset <u>Heart</u>	
7. AGE	Years <u>73</u>	Months _____	Days _____	If LESS than 1 day, hrs. or min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Rancher</u>					Other contributory causes of importance:	
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) <u>California</u>						
13. NAME <u>Thomas Riggs</u>					Name of operation _____ Date of _____	
14. BIRTHPLACE (city or town) _____ (State or country) <u>Scotland</u>					What test confirmed diagnosis? _____ Was there an autopsy? <u>Yes</u>	
15. MAIDEN NAME <u>No record</u>					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.	
16. BIRTHPLACE (city or town) _____ (State or country) <u>No record</u>					Manner of injury _____ Nature of injury _____	
17. INFORMANT <u>Mrs. Frank Shields</u> (Address) <u>Prescott, Arizona</u>					24. Was disease or injury in any way related to occupation of deceased? <u>No</u> If so, specify _____ (Signed) <u>A. N. Ramsey</u> , M. D. (Address) <u>Prescott, Arizona</u>	
18. BURIAL, CREMATION, OR REMOVAL Place <u>Walnut Grove</u> Date <u>5/2/32</u> , 19____						
19. UNDERTAKER <u>Lester Ruffner</u> (Address) <u>Prescott, Arizona</u> <u>Hopsy E. Southworth</u> Registrar.						