1765

State ~~County~~ Registrar No. 201

CERTIFICATE OF DEATH

District 1 St. Local Registrar's No.

Town or City Eagar No.

(If death occurred in a Hospital or Institution, give its name instead of street and number)

FULL NAME Charles Hamblin Riggs

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR OR RACE White ✓ Indian Black Chinese Mexican

SINGLE MARRIED yes WIDOWED or DIVORCED

DATE OF BIRTH April (Month) 25 (Day) 1847 (Year)

AGE 85 yrs. 4 mos. 23 days If less than 1 day hrs., or min.

OCCUPATION

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE (State or country) Iowa

PARENTS

NAME OF FATHER John Ensign Riggs

BIRTHPLACE OF FATHER (State or country) Unknown

MAIDEN NAME OF MOTHER Adeline Amrilla Hamblin

BIRTHPLACE OF MOTHER (State or country) Unknown

The above is true to the best of my knowledge.

(Informant) N. M. Riggs

(Address) Vernon, Ariz.

Place of Burial or ~~Removal~~ Eagar

Date of Burial or ~~Removal~~ Sept 18 1932

Undertaker John Buthe

Address Eagar Ariz

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept (Month) 17 (Day) 1932 (Year)

I hereby certify, that I attended deceased from Aug 3rd 1932, to Sept 17th, 1932; that I last saw him alive on Sept 16, 1932, and that death occurred on the date stated above at 9 a.M. The DISEASE or INJURY causing death was as follows: General debility, and old age

(Duration) yrs. 6 weeks - 3 days

Was disease contracted in Arizona?

If not, where?

CONTRIBUTORY

(Duration) yrs. mos. days

(Signed) Mrs W F Lesueur Nurse, M. D.

Nov 19, 1932 (Address) Eagar Arizona

*In deaths from Violent Causes, state: (1), Means of Injury; and (2), Whether Accidental, Suicidal or Homicidal.

LENGTH OF RESIDENCE - On a visit.

At place of death years months days

In Arizona years months days

Former or Usual Residence Vernon, Ariz.

Filed Sept 20th, 1932 N. M. Riggs Local Registrar.

A True Copy

Filed , 19 County Registrar.

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE "unknown." Mail properly classified. If any item cannot be obtained, insert the word "unknown." Incorrect certificates will be returned for correction. to secure this information.