

4719

Dr. A. C. Kingsley, Pros. Bldg.

Arizona State Board of Health
BUREAU OF VITAL STATISTICS

State File No. 195
Registered No. 1186

1. PLACE OF DEATH
County Maricopa State ARIZONA
Township _____ or Village _____
City Phoenix No. _____ 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 10 yrs. 10 mos. 10 ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.
2. FULL NAME Marion Bruce Riggs How long in State when death occurred? 52 yrs. _____ mos. _____ ds.
(a) Residence: No. Mesa, Arizona St. _____ Ward _____
(Usual place of abode) (If non-resident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word) Widowed			21. DATE OF DEATH (month, day, and year) <u>Sept 21, 1939</u>	
5a. If married, widowed, or divorced HUSBAND of <u>Cleo Riggs (Deceased)</u> (or) WIFE of				22. I HEREBY CERTIFY, That I attended deceased from <u>May 21, 1939, to Sept. 21, 1939</u>		
6. DATE OF BIRTH (month, day, and year) <u>July 1907</u>				I last saw him alive on <u>Sept. 21, 1939</u> ; death is said to have occurred on the date stated above, at <u>11 P.</u> m.		
7. AGE		Years <u>32</u>	Months _____	Days _____	The principal cause of death and related causes of importance were as follows:	
		If LESS than 1 day, _____ hrs. or _____ min.			Date of Onset _____	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>				Acute Myocardial Failure	
	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				Other contributory causes of importance:		
12. BIRTHPLACE (city or town) <u>Chino Valley</u> (State or Country) <u>Ariz.</u>				<u>Acute Alcoholism</u>		
FATHER	13. NAME <u>W. A. Riggs</u>				Name of operation <u>none</u> Date of _____	
	14. BIRTHPLACE (city or town) <u>Utah</u> (State or Country)				What test confirmed diagnosis? <u>none</u> Was there an autopsy? <u>no</u>	
MOTHER	15. MAIDEN NAME <u>Rentha Sherdon</u>				23. If death was due to external causes (violence) fill in also the following:	
	16. BIRTHPLACE (city or town) <u>Wis.</u> (State or Country)				Accident, suicide, or homicide? _____ Date of injury _____, 19____	
17. INFORMANT <u>W. A. Riggs</u> (Address) <u>Mesa, Ariz.</u>				Where did injury occur? _____ (Specify city or town, county and State)		
18. BURIAL, CREMATION, OR REMOVAL Place <u>Mesa, ARIZONA</u> Date <u>9/24/39</u>				Specify whether injury occurred in industry, in home, or in public place.		
19. EMBALMER { License No. _____ Signature <u>R. N. Daybell</u>				Manner of injury _____		
FUNERAL DIRECTOR <u>Meldrum Mortuary</u> Address <u>Mesa, Arizona</u>				Nature of injury _____		
20. Filed <u>7-28-39</u> 19 <u>39</u> <u>J. L. Johnson</u> Registrar				24. Was disease or injury in any way related to occupation of deceased? <u>no</u>		
				If so, specify _____ (Signed) <u>A. C. Kingsley</u> M. D. (Address) <u>Phoenix, Arizona</u>		

MARGIN RESERVED FOR BINDING

N. B. 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.