

Hamilton Riggs Death Certificate

PLACE OF DEATH		STATE OF MICHIGAN	
County <i>Ingham</i>		Department of State—Division of Vital Statistics	
Township <i>Stockbridge</i>		CERTIFICATE OF DEATH 6 1912	
City <i>Stockbridge</i>		Ward: <i>50</i>	
FULL NAME <i>Hamilton Riggs</i>		[If death occurred in a hospital or institution, give the NAME, number of street and number.]	
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
1 SEX <i>Male</i>	2 COLOR OR RACE <i>White</i>	3 SINGLE, MARRIED, WIDOWED, OR DIVORCED <i>Married</i>	4 DATE OF DEATH <i>Aug 19 1912</i>
5 DATE OF BIRTH <i>Oct 17 1833</i>	6 I HEREBY CERTIFY, That I attended deceased from <i>Aug 1911</i> to <i>Aug 1912</i>		
7 AGE <i>78 yrs 10 mos 2 d</i>	That I last saw him alive on <i>Aug 5 1912</i>		
8 OCCUPATION <i>Retired Farmer</i>	and that death occurred, on the date stated above, at <i>Stockbridge</i>		
9 BIRTHPLACE <i>Michigan</i>	The CAUSE OF DEATH* was as follows:		
10 NAME OF FATHER <i>Herediah Riggs</i>	<i>Cancer Carcinoma of Ear and Face</i>		
11 BIRTHPLACE OF FATHER <i>New York State</i>	Contributory <i>✓</i>		
12 MARRIAGE NAME OF MOTHER <i>Amerson</i>	[Special] <i>✓</i>		
13 BIRTHPLACE OF MOTHER <i>Michigan</i>	[Signed] <i>H. C. Brown</i> M. D.		
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	[Signed] <i>Aug 20 1912</i> <i>Stockbridge</i>		
(Informant) <i>Walter Hayner</i>	*State the Disease Causing Death, or its death from Venereal Causes, and (1) Manner of Injury; and (2) whether Accidental, Suicidal, or Homicidal.		
(Address) <i>Stockbridge Mich</i>	15 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRAININGS, OR INCIDENT RESIDENCE)		
File <i>Aug 29 1912</i> <i>C. J. Cally</i>	At place of death <i>✓</i> In the State <i>✓</i>		
	Where was death sustained, if not at place of death?		
	Formal or usual residence		
	16 PLACE OF BURIAL OR REMOVAL <i>North Stockbridge</i>	DATE OF BURIAL <i>Aug 20 1912</i>	
	17 UNDERTAKER <i>L. C. Patton</i>	ADDRESS <i>Stockbridge</i>	