

Alba Washington Riggs Death Certificate

I PLACE OF DEATH			STATE OF MICHIGAN		
County <u>Ingham</u>			Department of State—Division of Vital Statistics		
Township <u>Stockbridge</u>			CERTIFICATE OF DEATH		
Village _____			Registered No. <u>189</u>		
City _____			(No. _____) <u>APR 5 1919</u> St. _____ Ward _____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)		
2 FULL NAME <u>Alba Washington Riggs</u>					
(a) Residence No. _____			St., Ward. _____		
Length of residence in city or town where death occurred <u>60</u> yrs. mos. ds.			(If non-resident give city or town and State.) How long in U. S., if of foreign birth? yrs. mos. ds.		
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>Widowed</u>		16 DATE OF DEATH (Month, day and year) <u>March 2 1919</u>	
5a If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Charly Bell</u>			17 I HEREBY CERTIFY, That I attended deceased from <u>Feb. 2, 1919, to March 2, 1919</u> that I last saw him live on <u>March 1, 1919</u> and that death occurred on the date stated above at <u>10 P. m.</u> The CAUSE OF DEATH* was as follows: <u>Chronic valvular heart disease</u>		
6 DATE OF BIRTH (Month, day and year) <u>May 9 1834</u>			(duration) <u>7</u> yrs. mos. ds.		
7 AGE Years Months Days <u>84 3 23</u>			18 Where was disease contracted If not at place of death? _____		
8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Retired farmer</u> (b) General nature of industry, business, or establishment in which employed or employer _____ (c) Name of employer _____			19 Did an operation precede death? <u>No</u> Date of _____ Was there an autopsy? <u>No</u> What test confirmed diagnosis? _____ (Signed) <u>M. G. Stitt</u> M. D. <u>March 5, 1919</u> , Address <u>Stockbridge</u>		
9 BIRTHPLACE (city or town) (State or country) <u>Sylvan Mich</u>			*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for further instructions.)		
10 NAME OF FATHER <u>Negleiah Riggs</u>			19 PLACE OF BURIAL, CREMATION, OR REMOVAL <u>Stockbridge Mich</u> Date of Burial <u>May 5 1919</u>		
11 BIRTHPLACE OF FATHER (city or town) (State or country) <u>England (?)</u>			2 UNDERTAKER <u>L. M. Milner</u> Address <u>Stockbridge</u>		
12 MAIDEN NAME OF MOTHER <u>Annis Riggs</u>			14 Informant <u>Mr. Sarah Oakley</u> (Address) <u>Stockbridge Mich</u>		
13 BIRTHPLACE OF MOTHER (city or town) (state or country) <u>England (?)</u>			15 Filed <u>Apr 3, 1919</u> <u>R. L. Brown</u> Registrar.		