

14392
2

1 PLACE OF DEATH

County MuhlenbergVot. Pct. Beech Creek

Ino. Town

City Beech Creek (No. _____ St., _____ Ward)Registration District No. 1092Primary Registration District No. 6827

File No. _____

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Homer Langford Riggle

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 Single Married married
Married
Widowed
or Divorced
(Write the word)6 DATE OF BIRTH 8-3-1881
(Month) (Day) (Year)7 AGE 38 yrs. 9 mos. 18 ds. IF LESS than 1 day _____ hrs. or _____ min?8 OCCUPATION
(a) Trade, profession or particular kind of work mine worker
(b) General nature of industry, business or establishment in which employed (or employer) mine9 BIRTHPLACE (State or country) Indiana10 NAME OF FATHER Charles Riggle11 BIRTHPLACE OF FATHER (State or country) Indiana12 MAIDEN NAME OF MOTHER Josephine Miles13 BIRTHPLACE OF MOTHER (State or country) Indiana

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Homer Riggle(Address) Beech Creek Ky15 Filed 5/20 1923 Quinton Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 5/20 1923
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from _____, 192____, to _____, 192____, that I last saw h. _____ alive on _____, 192____, and that death occurred on the date stated above at _____ m.

The CAUSE OF DEATH* was as follows: Homer was from Pistol Sh Wards.
(Duration) _____ yrs. _____ mos. _____ ds.

Contributory (Secondary) _____ (Duration) _____ yrs. _____ mos. _____ ds.

(Signed) A. B. Young _____, 192____ (Address) _____

*State the Disease Causing Death, or, in deaths from Violent Causes state (1) Mechanism of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) at place of death _____ yrs. _____ mos. _____ ds. State _____ yrs. _____ mos. _____ d. Where was disease contracted, _____

If not at place of death? Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL St. Charles DATE OF BURIAL 5/20/2320 ADDRESS St. Charles, Beech Creek

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—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.

MAKING REPRODUCIBLE FOR RECORDS