

Abner Nelson Riggs Death Certificate

County Washtenaw MICHIGAN. DEPARTMENT OF STATE—DIVISION OF VITAL STATISTICS. REGISTERED NO. 1247  
393  
 Township \_\_\_\_\_  
 Village \_\_\_\_\_  
 City Ypsilanti CERTIFICATE AND RECORD OF DEATH. REGISTERED NO. 18

Full name Abner Nelson Riggs Date of death

MONTH	DAY	YEAR
<u>Nov</u>	<u>3</u>	<u>1897</u>

Place of death 2 Ward 302 Bowser St. Sex Male Race White  
 Single, married, widowed or divorced Married  
 If married, age at (first) marriage 18 years. Age 76

YEARS	MONTHS	DAYS
<u>76</u>	<u>8</u>	<u>14</u>

Parent of 7 children, of whom 5 are living. Birthplace (State or country) St. Louis Co. Mo.  
 Occupation Clerging  
 Name of father Hezekiah Riggs Birthplace of father (State or country) Conn.  
 Maiden name of mother Renia Riggs Birthplace of mother (State or country) do.  
 Proposed date of burial or removal Nov 5 1897  
 Proposed place of burial Millcreekton Mich.  
 Proposed place of removal via M. & O. R.  
 Signature of undertaker J. H. Malcom Address of undertaker \_\_\_\_\_

**Certificate of Reporter.**  
 The personal and family particulars herein given relative to deceased are true to the best of my knowledge and belief. Witness my hand this 3rd day of Nov 1897.  
 (Signature) Walter Riggs  
 (Address) Ypsilanti Mich.

**Medical Certificate of Cause of Death.**  
 I hereby certify that I attended deceased from Oct. 14 1897 to Nov 3 1897 that I last saw him alive on Nov 3 1897, that he died on Nov 3 1897 about 4 o'clock P. M., and that to the best of my knowledge and belief the CAUSE OF DEATH was as hereunder written:  
 Disease causing death\* Haemorrhage of lungs Chm DURATION OF EACH CAUSE About 30-4 days  
 Immediate cause of death Haemorrhage of lungs that follows  
 Contributory causes or complications, if any inflammation of bladder that follows  
 Post mortem \_\_\_\_\_

\*In case of a Violent Death, state (1) mode of injury and whether accidental, suicidal or homicidal; (2) what was the nature of the injury and the immediate cause of death; (3) contributory causes or conditions, e.g., septicaemia. Also whether a autopsy was performed, etc.  
 Witness my hand this 3 day of Nov. 1897.  
 Signature of physician, health officer or coroner C. R. Hilleman  
 (Address) Ypsilanti, Mich.

Write Plainly with Unfading Ink—This is a Permanent Record.