46640 **CERTIFICATE OF DEATH** VOL. M 70 PAGE 10195

STATE OF CALIFORNIA — DEPARTMENT OF PUBLIC HEALTH

DECEDENT PERSONAL DATA

- 1A. Name of deceased — First name: Bennie
- 1B. Middle name: Miller
- 1C. Last name: Riggs
- 2A. Date of death: Feb. 11, 1970
- 2B. Hour: 11:10 p.
- 3. Sex: Male
- 4. Color or race: Cauc.
- 5. Birthplace: Oklahoma
- 6. Date of birth: Aug. 24, 1904
- 7. Age: 65 years
- 8. Name and birthplace of father: William E. Riggs, Tennessee
- 9. Maiden name and birthplace of mother: Emma E. Dilbeck, Georgia
- 10. Citizen of what country: U.S.A.
- 11. Social security number: 554-01-7417
- 12. Married, never married, widowed, divorced: Married
- 13. Name of surviving spouse: Nellie M. Gilmore
- 14. Last occupation: Roofer
- 15. Number of years in this occupation: 45
- 16. Name of last employing company or firm: C & D Roofing Co.
- 17. Kind of industry or business: Roof Repairing

PLACE OF DEATH

- 18A. Place of death — name of hospital or other in-patient facility: Southeast Doctors Hospital
- 18B. Street address: 5900 Pine Avenue
- 18C. Inside city corporate limits: Yes
- 18D. City or town: Maywood
- 18E. County: Los Angeles
- 18F. Length of stay in county of death: 2 days xxx
- 18G. Length of stay in California: 2 days xxx

USUAL RESIDENCE (if death occurred in institution enter residence before admission)

- 19A. Usual residence — street address: P. O. Box 187
- 19B. Inside city corporate limits: unk.
- 19C. City or town: Bonanza
- 19D. County: Klamath
- 19E. State: Oregon
- 20. Name and mailing address of informant: Nellie M. Riggs, Same

PHYSICIAN'S OR CORONER'S CERTIFICATION

- 21A. Coroner: INVESTIGATION
- 21C. Signature: [signature] Deputy
- 21D. Date signed: 4-14-70
- 21E. Address: Hall of Justice, Los Angeles

FUNERAL DIRECTOR AND LOCAL REGISTRAR

- 22A. Specify burial, entombment or cremation: Burial
- 22B. Date: 2/16/70
- 23. Name of cemetery or crematory: Rose Hills Memorial Park
- 24. Embalmer: [signature] — License number: 4225
- 25. Name of funeral director: L. R. Rice Mortuary
- 27. Local registrar — signature: [signature]
- 28. Date accepted by local registrar: FEB 16 1970

MEDICAL AND HEALTH DATA — CAUSE OF DEATH

- 29. Part I. Death was caused by: Immediate cause (A): DEFERRED
- Due to, or as a consequence of (B):
- Due to, or as a consequence of (C):
- 30. Part II. Other significant conditions:
- 31. Was operation or biopsy performed: NO
- 32A. Autopsy: NO

INJURY INFORMATION

- 33. Specify accident, suicide or homicide:
- 34. Place of injury:
- 35. Injury at work:
- 36A. Date of injury:
- 36B. Hour:
- 37A. Place of injury:
- 37B. Distance from residence:
- 38.
- 39.
- 40. Describe how injury occurred:

STATE REGISTRAR A | B | C | D | E | F

MAR 16 1970

FEE $2.

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