

1. PLACE OF DEATH a. COUNTY <b>Bexar</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Texas</b>				b. COUNTY <b>Bexar</b>			
b. CITY OR TOWN (If outside city limits, give precinct no.) <b>San Antonio</b>				c. LENGTH OF STAY in 1 b. <b>2 Days</b>				c. CITY OR TOWN (If outside city limits, give precinct no.) <b>Terrell Hills</b>			
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION <b>Northeast Baptist Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>800 Ridgmont Avenue</b>				e. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>				f. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
3. NAME OF DECEASED (Type or print) <b>EMORY</b>				(a) First				(b) Middle <b>ELMO</b>			
				(c) Last <b>RIGNEY</b>				4. DATE OF DEATH <b>June 7, 1972</b>			
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>Jan. 7, 1897</b>		9. AGE (In years last birthday) <b>75</b>		IF UNDER 1 YEAR Months Days Hours Minutes	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Investor</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Investment</b>				11. BIRTHPLACE (State or foreign country) <b>Texas</b>			
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>				13. FATHER'S NAME <b>Robert Lee Rigney</b>				14. MOTHER'S MAIDEN NAME <b>Elnora Patts</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes World War I</b>				16. SOCIAL SECURITY NO. <b>449-14-3088</b>				17. INFORMANT <b>Mrs. E.E. Rigney</b>			
18. CAUSE OF DEATH (Specify immediately preceding cause, if any) <b>myocardial infarction</b>				(b) and (c.)				INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b>			
IMMEDIATE CAUSE (a) <b>myocardial infarction</b>				DUE TO (b)				DUE TO (c)			
RECEIVED JUL 12 1972 BUREAU OF VITAL STATISTICS											
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)										19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/>		SUICIDE <input type="checkbox"/>		HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour Month Day Year a.m. p.m.											
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.)				20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I hereby certify that I attended the deceased from <b>April 1, 1970</b> to <b>June 7, 1972</b> and last saw the deceased alive on <b>June 7, 1972</b> . Death occurred at <b>12:40 a.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE <b>W. J. Johnson, MD</b>						22b. ADDRESS <b>7407 Broadway St, Dallas, Tex.</b>			22c. DATE SIGNED <b>Jan 9, 1972</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>				23b. DATE <b>June 9, 1972</b>				23c. NAME OF CEMETERY OR CREMATORY <b>Sunset Memorial Park</b>			
23d. LOCATION (City, town, or county) <b>San Antonio, Texas</b>				24. FUNERAL DIRECTOR'S SIGNATURE <b>Porter Loring Mortuary</b>				25c. REGISTRAR'S SIGNATURE <b>Dr. M. W. ...</b>			
25a. REGISTRAR'S FILE NO. <b>3073</b>				25b. DATE REC'D BY LOCAL REGISTRAR <b>JUN-9 72</b>							

MEDICAL CERTIFICATION