

JUN 27 1927

MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

Do not use this space.

15416

1. PLACE OF DEATH

County Jasper
Township Canthage
City Canthage (No.)

Registration District No. 408
Primary Registration District No. 3020

File No.
Registered No.
St. Ward)

2. FULL NAME

(a) Residence. No. 524-15th St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. If MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF Ida Wiggins

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 12 - 1850

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 4 11

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work mail carrier
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Fulton County
(STATE OR COUNTRY) Ohio

10. NAME OF FATHER John Wiggins

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Rosa Pa.
(STATE OR COUNTRY) Ohio

12. MAIDEN NAME OF MOTHER Martha Alma

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Wineand
(STATE OR COUNTRY) Pa.

14. INFORMANT Mrs. August Kueffner
(Address) Canthage, Mo.

15. FILED 24 1927 3020 2210
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 23 1927

17. I HEREBY CERTIFY, That I attended deceased from May 23, 1927, to May 23, 1927, and that I last saw him alive on May 23, 1927, and that death occurred, on the date stated above, at 9:30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Drowning in bath tub, probable suicide

16 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 169 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED at home
IF NOT AT PLACE OF DEATH,

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Walter Stoe, M. D.

, 19 (Address) Canthage, Mo.

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Park Cemetery May 23 1927

20. UNDERTAKER ADDRESS

Knell Mortuary Canthage

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.

RECORD

