

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

Do not use this space.

18277

**1. PLACE OF DEATH**

County Jackson Registration District No. 399 File No. \_\_\_\_\_  
 Township Haw Primary Registration District No. 1002 Registered No. 23811  
 City Jackson City (No. 3901, Broadway) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** E. Lora Wiggins

(a) Residence No. 3901 Broadway St. 7th Ward. \_\_\_\_\_ (If nonresident give city or town and State)  
 (Usual place of abode)

Length of residence in city or town where death occurred 8 yrs. 8 mos. \_\_\_\_\_ ds. How long in U.S., if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF E. L. Wiggins

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 20<sup>th</sup> 1894

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
33 3 20

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Oil Miner  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) Texas

**10. NAME OF FATHER**

F. C. Doggett

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY) Texas

**12. MAIDEN NAME OF MOTHER**

Laura Allen

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY) Texas

**14.**

INFORMANT Mrs. Lois Sheppard  
 (Address) 3901 Broadway

**15.**

FILED June 10, 1927 M. M. Crown  
 REGISTRAR Asst

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 10<sup>th</sup> 1927

17. I HEREBY CERTIFY, That I attended deceased from May 29<sup>th</sup> 1927, to June 10<sup>th</sup> 1927,  
 that I last saw him alive on June 10<sup>th</sup> 1927, and that death occurred, on the date stated above, at 8:35 a.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Tubercular enteritis

CONTRIBUTORY Tubercular Peritonitis and Tubercular Meningitis (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 (SECONDARY)

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH? \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Symptoms and Physical  
 (Signed) Calvin K. Cooper, M. D.

6/10, 1927 (Address) 626 Ludwig Bldg

\*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**

Loaquin Texas

**DATE OF BURIAL**

6/10/27 19

**20. UNDERTAKER**

W. F. Mayberry

**ADDRESS**

City

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.

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