

AUG 17 1927

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

Do not use this space.

21951

1. PLACE OF DEATH

County Marion
Township Marion
City Hannibal (No. 1102)

Registration District No. 547
Primary Registration District No. 3079

File No. 201
Registered No. 201
St. 1 Ward

2. FULL NAME

Margaret Ellen Digan
(a) Residence. No. 112 Henderson St., 1 Ward.
(Usual place of abode)

(If nonresident give city or town and State)

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 2 1854

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.
73 5 7

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife
(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) Missouri10. NAME OF FATHER Don't know

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) -

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) -

14.

INFORMANT (Address) Mrs. Wallace Patterson
Hannibal, Mo

15.

FILED 7/9 27

15.

C. E. ShorttREGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7-9-1927

17. I HEREBY CERTIFY, That I attended deceased from June 14, 1927, to July 8, 1927 that I last saw her alive on July 18, 1927, and that death occurred, on the date stated above at 2 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Liver
H/E
From history of case
about (duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

D DID AN OPERATION PRECEDE DEATH? no DATE OFWAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Allen P. Miller M.D.7/9/1927 (Address) Hannibal, 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

P. Louisiana Mo7-10-1927

20. UNDERTAKER

ADDRESS

James O'DonnellHannibal

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.

