24 1928

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

Do not use this space.

19978

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No.

Township — Primary Registration District No. 1001 — Registered No. 769

City St. Joseph, (No. 2002 Savannah Avenue St. Ward)

2. FULL NAME Arminta Melissa Diggs,

(a) Residence. No. St., Ward. Barnard, Missouri,
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 21 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) August 14, 1881

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	46	10	2	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home, 50 46 13

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Barnard,
(STATE OR COUNTRY) Missouri,

PARENTS

10. NAME OF FATHER Elias Duke,

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Savannah,
(STATE OR COUNTRY) Missouri,

12. MAIDEN NAME OF MOTHER Emma West,

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Illinois,

14. INFORMANT Arthur B. Duke
(Address) 2002 Savannah Avenue,

15. FILED JUN 18 1928 John G. Utz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 16 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan 13, 1928, to Jan 16, 1928, that I last saw her alive on Jan 16, 1928, and that death occurred, on the date stated above, at 5 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cancer of Stomach

Chart (duration) yrs. 6 mos. — ds.

CONTRIBUTORY (SECONDARY) Cancer of Breast

(duration) 8 yrs. — mos. — ds.

18. WHERE DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Barnard, Mo

O DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Leroi Beck, M. D.

June 17, 1928 (Address) Lincoln Bldg. St. Joseph, 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 Bolckow, Missouri, via auto — DATE OF BURIAL June 19, 1928

20. UNDERTAKER Heaton-Bell Gale & Bowman — ADDRESS 319 S. 10 St.

by J. N. Kasle Funeral Home

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.