DEC 28 1928

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

Do not use this space.

37497

1. PLACE OF DEATH

County Linn — Registration District No. 502 — File No.

Township — Primary Registration District No. 4305 — Registered No.

City Marceline (No. Memorial Hospital St. Ward)

2. FULL NAME Ray Bigger

(a) Residence. No. St., 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: 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 → Beloa (Lawson) Biggers

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 11 1878

7. AGE: Years 50 — Months 2 — Days 22 — If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Automobile
(b) General nature of industry, business, or establishment in which employed (or employer): Salesman
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Linn Co
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER C G Bigger
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ky.
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Leah Powers
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Linn Co.
(STATE OR COUNTRY) Mo.

14. INFORMANT Chas Bigger
(Address) Marceline Mo

15. FILED 11/5, 1928 Ola Putman
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 3 1928

17. I HEREBY CERTIFY, That I attended deceased from Oct 5, 1928, to Nov 3, 1928 that I last saw him alive on Nov. 3, 19, and that death occurred, on the date stated above, at 11:20 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Uraemia

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Nephritis

(duration) 2 yrs. mos. ds.

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?

(Signed) Ola Putman, M. D

, 19 (Address) Marceline 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: Mt. Olivet — DATE OF BURIAL: Nov 6 1928

20. UNDERTAKER: Jas M Laughlin — ADDRESS: Marceline Mo.

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.