

JAN 25 1929

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

Do not use this space.
Dr. Luten
41955.

1. PLACE OF DEATH

County *Deming* Registration District No. *657*
Township *Little Prairie* Primary Registration District No. *5-862*
City (No. *1*) St. _____ Ward _____

File No. _____
Registered No. *167*

2. FULL NAME

Mary Ann Wigginton

(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

MEDICAL CERTIFICATE OF DEATH

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) *12-30-28*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *F. L. Wigginton*

17. I HEREBY CERTIFY That I attended deceased from *Dec 1, 1928* to *Dec 30, 1928*
that I last saw him alive on *12-18-28*, and that death occurred, on the date stated above, at *11 P.M.*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *12-18-89*
7. AGE YEARS MONTHS DAYS *39 0 12* If LESS than 1 day, _____ hrs. or _____ min.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Tubercular meningitis of meningis

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work *H. O. P.*
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

CONTRIBUTORY (SECONDARY) *31*
(duration) _____ yrs. _____ mos. _____ ds.

9. BIRTHPLACE (CITY OR TOWN) *Miss*
(STATE OR COUNTRY)

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH _____

10. NAME OF FATHER *Pat Lulmore*

DID AN OPERATION PRECEDE DEATH _____ DATE OF _____
WAS THERE AN AUTOPSY? _____

11. BIRTHPLACE OF FATHER (CITY OR TOWN) *Miss*
(STATE OR COUNTRY)

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) *J. B. Luten*, M. D.
10-29-29 (Address) *Cassatonsville Mo*

12. MAIDEN NAME OF MOTHER *Condelia Kemmer*

*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.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) *Miss*
(STATE OR COUNTRY)

14. INFORMANT *F. L. Wigginton*
(Address) *Cassatonsville*

19. PLACE OF BURIAL, CREMATION, OR REMOVAL *Maple cemetery* DATE OF BURIAL *12-1-29*

15. File No. *Jan 10 1929* *Ada Martin* REGISTRAR

20. UNDERTAKER *J. H. Smith* ADDRESS *Cassatonsville Mo*

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS SHOULD MAKE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

