

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

Do not use this space.

34364

1. PLACE OF DEATH

County Macon
Township Lyla
City Atlanta Mo (No.)

Registration District No. 526
Primary Registration District No. 5700

File No.
Registered No.
St. Ward)

2. FULL NAME Willie Albert Wiggins

(a) Residence. No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 51 yrs. 2 mos. 29 da. How long in U.S., if of foreign birth? yrs. mos. da.

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 Daisie Wiggins

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 15 1878
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 51 2 29

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmers miller
(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) Macon Co Mo

PARENTS

10. NAME OF FATHER Wm. Wiggins

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

12. MAIDEN NAME OF MOTHER Jessie Mason

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

14. INFORMANT Daisie Wiggins (Address) Atlanta Mo.

15. FILED Nov. 4, 1929 A. L. Campbell REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct - 14 - 1929

17. I HEREBY CERTIFY, That I attended deceased from May 17, 1927, to Oct - 14, 1929, (that I last saw him alive on Oct - 14, 1929, and that death occurred, on the date stated above, at 11 P. m.)

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocarditis - Sacculary rupture
Nephritis 131
920
97 (duration) 3 yrs. mos. da.

CONTRIBUTORY (SECONDARY) Arteriosclerosis with Hypertension (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

8 DID AN OPERATION PRECEDE DEATH? DATE OF

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) A. L. Campbell, M. D.

11-1, 1929 (Address) Atlanta 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

State Cemetery Oct. 16, 1929.

20. UNDERTAKER ADDRESS

H. M. Gooding Atlanta, 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.

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