

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

Do not use this space.

**SEP 22 1930**

25903  
694

**1. PLACE OF DEATH**

County Buchanan  
Township \_\_\_\_\_  
City St. Joseph, (No. \_\_\_\_\_)

Registration District No. 85  
Primary Registration District No. 1001  
Missouri Methodist Hospital St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

**2. FULL NAME** Margaret Belle Kaigler,

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward Boise, Idaho,  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 8 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) Married,

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 12, 1875

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	55	1	21	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work. At Home,  
(b) General nature of industry, business, or establishment in which employed (or employer). \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

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

10. NAME OF FATHER John McPike,  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Lewis County,  
(STATE OR COUNTRY) Missouri,  
12. MAIDEN NAME OF MOTHER Mary E. Calhoun,  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Carrollton,  
(STATE OR COUNTRY) Illinois,

14. INFORMANT Mrs. Mrs. J. Jamieson  
(Address) 602 North 12th Street.

15. FILED 1930 REGISTRAR John L. [Signature]

**3 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) August 3 1930

17. I HEREBY CERTIFY, That I attended deceased from July 27, 1930, to Aug 3, 1930, that I last saw him alive on Aug 3, 1930, and that death occurred, on the date stated above, at 3:50 a.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Carcinoma of Ovary -

47A  
107A (duration) yrs. 8 mos. ds.

CONTRIBUTORY (SECONDARY) Pneumonia (2 days)  
metastases (duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

47A  
107A NOT AT PLACE OF DEATH Idaho  
DATE OF July 31, 30

AS THE CAUSE OF DEATH? no  
WHAT TEST CONFIRMED DIAGNOSIS? no operation  
(Signed) H. Thompson, M. D.

8/4, 1930 (Address) 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 St Jo. Mem. Park Cemetery DATE OF BURIAL Aug. 5 19 30

20. UNDERTAKER Heaton Beale Bowmer ADDRESS 319 S. 10 St.

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.

**AUG 4**

