

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

Do not use this space.

5637

1. PLACE OF DEATH

County Jackson
Township Keokuk
City Keokuk

Registration District No. 309
Primary Registration District No. 202
(No. 4316 E 16)

File No. 728
Registered No. 728
St. _____ Ward _____

2. FULL NAME

George Robert Vigus Jr
(a) Residence. No. 4316 E 16th St., 12 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nora Mae Vigus

6. DATE OF BIRTH (MONTH, DAY AND YEAR) August 31, 1888

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
48 5 14

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Carpenter 29
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

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

PARENTS
10. NAME OF FATHER Edward Vigus
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mo.
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Susian Vigus
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) unknown
(STATE OR COUNTRY)

14. INFORMANT Mrs Nora Vigus
(Address) 4316 E 16th

15. FILED 7/15/31 M. M. Casper REGISTRAR
Asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 14 1931

17. I HEREBY CERTIFY, That I attended deceased from May, 1930 to Feb 14, 1931 that I last saw him alive on Feb 10, 1931, and that death occurred, on the date stated above, at Feb 12 20 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Broncho pneumonia
107A
95A 107A (duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Arterial hypertension (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 physical tests
(Signed) Maurice K. Bell M. D.

2-15-1931 (Address) 1427 Professional Bld
*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 Edwood DATE OF BURIAL Feb 16 1931

20. UNDERTAKER Rose & Henderson ADDRESS 1527 Jackson

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.

Mr. Bills

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