

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

Do not use this space.

27295

**1. PLACE OF DEATH**

96 County St. Louis Registration District No. 1123  
 Township Carondelet Primary Registration District No. 649 B.  
 City Jefferson Barracks (No. Station Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** William S. Wiggins

(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) Single  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
53 Unknown

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Soldier (Retired)  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U. S. Army 188  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation. 30

12. BIRTHPLACE (CITY OR TOWN) Clay County 2  
 (STATE OR COUNTRY) Illinois

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) Unknown 31  
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) Unknown  
 (STATE OR COUNTRY)

17. INFORMANT Patient (Clinical record).  
 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Kate Cem. H. H. Aug 19 32  
 DATE

19. UNDERTAKER C. Hoffmeister V. S. Co. St. Louis  
 (ADDRESS)

20. FILED Aug. 17 1932 L. C. Obrock M. U. Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 16, 1932  
 22. I HEREBY CERTIFY, That I attended deceased from July 15, 1932, to July 16, 1932  
 I last saw him alive on July 16, 1932. Death is said to have occurred on the date stated above, at 8:00 P. M.  
 The principal cause of death and related causes of importance were as follows:

Cardiac dilatation, acute

Other contributory causes of importance:  
Intestinal obstruction, acute

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify \_\_\_\_\_

(Signed) F. P. Kilgore, Major, MC., M. D.  
 (Address) Jefferson Barracks, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

SEP 27 1932

