

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

Do not use this space.

36085

1. PLACE OF DEATH

49 County Jasper Registration District No. 411
 7 Township Delona Primary Registration District No. 2002
 5 City Joplin (No. 1926 , Burd St. _____ Ward _____)

2. FULL NAME

Shirley Wilma Sigars
 (a) Residence, No. 1926 Burd 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. 9 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) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 28, 1932

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
0 0 9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Joplin, Missouri

13. NAME Kenneth Calvin Sigars

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Topeka, Kansas

15. MAIDEN NAME Wilma Archer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Delona, Kansas

17. INFORMANT Kenneth Calvin Sigars
 (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL Mt Hope Cemetery DATE Nov. 5, 1932

19. UNDERTAKER Jasper Mortuary
 (ADDRESS) Joplin, Missouri

20. FILED 11/5 1932 W. S. Clark
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 5, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 28, 1932, to Nov. 5, 1932

I last saw her alive on Nov. 4, 1932. Death is said

to have occurred on the date stated above, at 12:15 A.M.

The principal cause of death and related causes of importance were as follows:

Failure of Foramen Ovale to close

Organic valvular heart

Other contributory causes of importance:

15' 70' 15' M @

Name of operation none Date of _____

What test confirmed diagnosis? _____ 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) D. E. W. Weygandt, M. D.

(Address) _____

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.

PROPERTY, WITH UNPAID INK—THIS IS A PERMANENT RECORD

11/5 1932

