7

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.

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

Do not use this space.

42979

1. PLACE OF DEATH

108 County Vernon — Registration District No. 875 — File No.

Township Washington — Primary Registration District No. 6162 — Registered No. 268

City ~~Nevada~~ (No. 4, St. Ward)

2. FULL NAME Emma Wiggins

(a) Residence, No. St Hosp #3 St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. 5 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
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: Roy Wiggins

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 9 1885

7. AGE: Years 47, Months 8, Days 5 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: —
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): unknown Kansas

FATHER

13. NAME: Robert Borland
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ill.

MOTHER

15. MAIDEN NAME: Melissa Guyman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ill.

17. INFORMANT (ADDRESS): Hospmord

18. BURIAL, CREMATION, OR REMOVAL
PLACE Columbus, Kans. DATE Dec. 18, 1932

19. UNDERTAKER (ADDRESS): Ferry Funeral Home Nevada, Mo.

20. FILED ~~12/14~~ 12-15, 1932 E. R. King Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec 14, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1930, to Dec 14, 1932

I last saw her alive on Dec 14, 1932 Death is said to have occurred on the date stated above, at 9:40 P.m.

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

	Date of onset
Pneumococcic cerebrospinal meningitis	Dec 10 '32
89A	
79A	
Other contributory causes of importance:	
Otitis media	Dec 8 '32

89A

1

Name of operation ..... Date of .....

What test confirmed diagnosis? Laboratory 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) Forrest L Martin, M. D.

(Address) Nevada Mo