

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

Do not use this space.

10211

1. PLACE OF DEATH
 County Linn Registration District No. 458
 Township Beaver Primary Registration District No. 4301
 City Beaver (No. _____) _____ St. _____ Ward _____

2. FULL NAME Nancy Annie 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 female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. W. Wiggins

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 17 - 1849

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	83	7	1	

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

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) March 1 - 1933 11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion City Mo

FATHER

13. NAME W. J. Moore

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

MOTHER

15. MAIDEN NAME

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

17. INFORMANT Mrs. J. A. Moore (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Beaver DATE 3-19 1933

19. UNDERTAKER A. C. Herriman (ADDRESS) Beaver Mo

20. FILED Mar 18 1933 J. C. Blair Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 18 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar 7th 1933, to Mar 18 1933
 I last saw her alive on Mar 17th 1933. Death is said to have occurred on the date stated above, at 7:45 p.m.
 The principal cause of death and related causes of importance were as follows:
Fracture of the neck of the femur
1861
1860
 Other contributory causes of importance Smile debility

Date of onset	<u>3-7-33</u>
	4

Name of operation _____ Date of _____
 What test confirmed diagnosis Physical. Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Accident Date of injury Mar 7, 1933
 Where did injury occur? Beaver Mo
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry at home, or in public place. in her home

Manner of injury _____
 Nature of injury Fracture femur neck

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) J. C. Blair, M. D.
 (Address) Beaver 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.

1933
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