

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.

MAY 24 1933

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

Do not use this space.

12202

1. PLACE OF DEATH

County Wright
Township British Creek
City..... (No....., St..... Ward)

Registration District No. 906
Primary Registration District No. 6218

File No.....
Registered No. 13

2. FULL NAME Ann Stigall

(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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Div. Stigall
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 27th 1876.
7. AGE YEARS 56 MONTHS 9 DAYS 24 If LESS than 1 day, hrs. or min.

OCCUPATION 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. 52
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) Missouri

MOTHER 13. NAME Samuel Wyman

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

15. MAIDEN NAME Mary Baker

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

17. INFORMANT Ollie Long (ADDRESS) Hartsville, Mo. Route 2.

18. BURIAL, CREMATION, OR REMOVAL PLACE Coon Creek Cemetery DATE Mar. 22 1933

19. UNDERTAKER Mrs. A. P. Wheelchel (ADDRESS) Hartsville, Mo.

20. FILED April 10 1933 Mabel Bear Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 20th 1933

22. I HEREBY CERTIFY, That I attended deceased from....., 19....., to....., 19.....
I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 11 P m.

The principal cause of death and related causes of importance were as follows:
No doctor in attendance
This woman was last attended by Dr. Latimer, who died
Other contributory causes of importance: no March tumor

558 Too weak to be operated on
Date of operation.....
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 Mabel Bear
(Signed) Hartsville
(Address)

