

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 22 1933

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

Do not use this space.

14201

1. PLACE OF DEATH
 84 County Polk Registration District No. 701
 2 Township Madison Primary Registration District No. 4422
 6 City Palmer Mo (No.) St. Ward)

2. FULL NAME John James Stigginsbotham
 (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. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Mary E. Stigginsbotham

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 22/1845

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
88 0 14

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. String & silk reamer
 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) 1919 11. Total time (years) spent in this occupation 70

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shoemaker Mo

FATHER
 13. NAME Thomas Stigginsbotham
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER
 15. MAIDEN NAME Rebecca Wilson
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT J. W. Stigginsbotham
 (ADDRESS) Palmer Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Mount Hill DATE April 5, 1933

19. UNDERTAKER White Bros
 (ADDRESS) Palmer Mo

20. FILED April 5, 1933
John J. Roberts
 Registrar.

2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 2, 1933

22. I HEREBY CERTIFY, That I attended deceased from 4/2, 1933 to 4/2, 1933
 I last saw deceased 4/2, 1933 Death is said to have occurred on the date stated above, at 6 a.m.
 The principal cause of death and related causes of importance were as follows:
Heart failure Date of onset 1928
Chronic myocarditis
1928
 Other contributory causes of importance
930

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

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? no
 If so, specify no
 (Signed) Dorle C. ..., M. D.
 (Address) Palmer Mo

