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.

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

Do not use this space.

36469

1. PLACE OF DEATH
County Jackson
Township ~~Washington~~ Kaw
City K.C.Mo. (No. 7842 Wornall St. Ward)
Registration District No. 386
Primary Registration District No. 5000
File No. 4384
Registered No. 4384

2. FULL NAME Charles T. Wiggins
(a) Residence, No. 7842 Wornall 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: 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: Lena Wiggins
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 27, 1859
7. AGE: YEARS 74 MONTHS 8 DAYS 10 If LESS than 1 day, ....hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Commission Business
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: City Market
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): New York

FATHER
13. NAME: Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Mrs. Lena Wiggins 7842 Wornall Road, K.C.Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE: Forest Hill DATE 11-10 1933
19. UNDERTAKER (ADDRESS): R. V. Lindsey & Sons, Inc. K.C.Mo.
20. FILED Nov 8 1933 M. M. Crowe Asst Registrar.

## MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 7-33, 19

22. I HEREBY CERTIFY, That I attended deceased from September, 1933, to November 7, 1933
I last saw him alive on November 6, 1933 Death is said to have occurred on the date stated above, at 8:10 AM m.
The principal cause of death and related causes of importance were as follows:
Confluent Bronchopneumonia (Right lung chiefly involved) — Date of onset Nov 4, 1933
Other contributory causes of importance: Generalized arteriosclerosis with obliterating endarteritis of left leg — Several years.
Name of operation Date of
What test confirmed diagnosis Clinical 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? No
If so, specify
(Signed) Joseph E. Welker, M. D.
(Address) 836 Professional Bldg. Kansas City, Mo.