

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

Do not use this space.

10053

APR 25 1934

1. PLACE OF DEATH *Polk*
 County Registration District No. *74/427*
 Township *Bolivar* Primary Registration District No.
 City *Bolivar* (No.) St. Ward) (If nonresident, give city or town and State)

2. FULL NAME *Joe Burney Nigginlotham*
 (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 <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Grace</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Feb 29 - 1880</i>		
7. AGE	YEARS <i>43</i>	MONTHS <i>2</i>
	DAYS <i>26</i>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Janitor</i>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>County House</i>	
	10. Date deceased last worked at this occupation (month and year).....	11. Total time (years) spent in this occupation.....
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Mo</i>	
	13. NAME <i>Joe Nigginlotham</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Polk Mo</i>	
MOTHER	15. MAIDEN NAME <i>Mary Trullbright</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Polk Mo</i>	
	17. INFORMANT <i>Grace Nigginlotham</i> (ADDRESS) <i>Bolivar Mo</i>	
	18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Desert Hill</i> DATE <i>March 23 1934</i>	
	19. UNDERTAKER <i>Nitchison - Bone</i> (ADDRESS) <i>Bolivar</i>	
	20. FILED <i>March 23 1934</i> <i>J. B. Robison</i> Registrar.	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *March 22 1934*

22. I HEREBY CERTIFY, That I attended *him* from *March 23 1934* to *March 23 1934*
 I last saw him *alive* *March 20 1934* Death is said to have occurred on the date stated above, at *12:50 AM*
 The principal cause of death and related causes of importance were as follows:
Alcoholism Date of onset
75
 Other contributory causes of importance:
 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?.....
 If so, specify.....
 (Signed) *J. W. B. ...* M. D.
 (Address) *Bolivar Mo*

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.

