

SEP 18 1934

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

Do not use this space.

30425

1. PLACE OF DEATH

County PolkRegistration District No. 700Township AldrichPrimary Registration District No. 4421City Aldrich (No. _____)

File No. _____

Registered No. 16

St. _____ Ward _____

2. FULL NAME Dale Elmer Tiggart

(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.

2. 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)

Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Aug 27 1934

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

2

OCCUPATION

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

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)

11. Total time (years) spent in this occupation

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

Aldrich Mo

13. NAME

Elmer Tiggart

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

Aldrich Mo

15. MAIDEN NAME

Garnet Paster

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

Jarvis Shroyer Mo

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE Pleasant Ridge DATE Aug 30, 1934

19. UNDERTAKER (ADDRESS)

J. J. Johnson Aldrich Mo

20. FILED

Aug 31, 1934Verna Miller Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug - 29 - 193422. I HEREBY CERTIFY, That I attended deceased from Aug - 27 - 1934 to Aug - 29 - 1934I last saw him alive on Aug - 29 - 1934 Death is said to have occurred on the date stated above at 8:15 P. m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Detrend Neonatorum

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) W. J. Meyer, M. D.(Address) Aldrich, 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.

150

100

100

100

100

100

100