

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

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

Do not use this space.

JAN 8 1935

43721

1. PLACE OF DEATH
County Missouri Registration District No. 566
Township Springfield Primary Registration District No. 3030
City Charleston Mo St. _____ Ward _____

2. FULL NAME
Mrs. M. H. Wigdor
(a) Residence, No. 7th Corn St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 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 M. H. Wigdor

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 8, 1871

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>63</u>	<u>9</u>	<u>8</u>	

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

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) Poland Russia

13. NAME Israel Thaler

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

15. MAIDEN NAME Unknown

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

17. INFORMANT M. H. Wigdor (ADDRESS) Charleston Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis Mo DATE Dec. 28, 34

19. UNDERTAKER (ADDRESS) Frank L. ... Charleston Mo

20. FILED Dec 28 19 34 F. A. Vernon Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/27 1934

22. I HEREBY CERTIFY, That I attended deceased from 4/12, 1932 to 12/27, 1934
I last saw HER alive on 12/27, 1934 Death is said to have occurred on the date stated above, at 10 PM.
The principal cause of death and related causes of importance were as follows:
Coronary Thrombosis Date of onset 12/27/34
Diabetes Mellitus
Infected Lunion. rt foot
Hypertension Dr. K. 7 yr
Other contributory causes of importance:
Name of operation none Date of _____
What test confirmed diagnosis? Electrolyte 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 E. C. ... M. D.
(Signed) E. C. ... (Address) Charleston, Mo

