AUG 22 1935

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

Do not use this space.

25299

1. PLACE OF DEATH
County Shelby
Township
City Shelbina (No. ..... St. ..... Ward)

Registration District No. 830
Primary Registration District No. 4503

File No.
Registered No. 26

2. FULL NAME John Lee Wiggins

(a) Residence, No. Shelbina, Mo. 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 1st 1904

7. AGE YEARS 31 MONTHS 1 DAYS 2 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter
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) Shelby Co. Mo

FATHER
13. NAME Bert Wiggins
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shelby Co. Mo

MOTHER
15. MAIDEN NAME Ethel Pearl Magee
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shelby Co. Mo

17. INFORMANT (ADDRESS) Laveda Wiggins Shelbina, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Foot DATE July 5 1935

19. UNDERTAKER (ADDRESS) Brothers Miller Burkeley

20. FILED July 5 1935 Mrs. R. H. Wailes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 3rd 1935

22. I HEREBY CERTIFY, That I attended deceased from —, 19..., to —, 19...

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 10 P.m.

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

Suicide by taking Poison Strychnine Sulphate

Date of onset

Other contributory causes of importance: Ingest deemed unnecessary.

Name of operation None 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? Suicide Date of injury July 3 1935
Where did injury occur? Shelbina Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. In front of Stone Streets of Shelbina
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Grover J Gwan Coroner
(Address) Hunnewell Mo. Coroner of Shelby Co

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.