

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.

OCT 17 1935

25560

1. PLACE OF DEATH

County LutesvilleRegistration District No. 66Township LorancePrimary Registration District No. 4080City Lutesville

(No.)

St.

Ward)

2. FULL NAME Franklin Alonzo Wiggs

(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

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR

DIVORCED (write the word) 50

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFDean Sailor Wiggs

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

Aug, 2 1857

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

78

,

14

day, hrs.

or min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Editor9. 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) July 193511. Total time (years)
spent in this 47
occupation.

12. BIRTHPLACE (CITY OR TOWN)

Anna Illinois.

(STATE OR COUNTRY)

FATHER

13. NAME

Williams H Wiggs

14. BIRTHPLACE (CITY OR TOWN)

State North Carolina

(STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME

Trulove.

16. BIRTHPLACE (CITY OR TOWN)

Anna Illinois.

(STATE OR COUNTRY)

17. INFORMANT

(ADDRESS)

Mrs Dean Sailor WiggsLutesville, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Marblehill Mo.DATE Aug 181935

19. UNDERTAKER

(ADDRESS)

A. J. BakerLutesville, Mo.

20. FH

(ADDRESS)

Sept 1935J. J. Shandall

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug, 16th 1935

22. I HEREBY CERTIFY, That I attended deceased from

July 26, 1935, to Aug. 16, 1935Last saw him alive on Aug. 16, 1935. Death is saidto have occurred on the date stated above, at P m.

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

Date of onset

Cerebral hemorrhageOther contributory causes of importance

