

SEP 18 1935

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

Do not use this space.

25600

## 1. PLACE OF DEATH

County Buchanan Registration District No. 81  
Township Bloomington Primary Registration District No. 5122  
City DeKalb, Mo. (No. 1/2 Miles South Of DeKalb) St. \_\_\_\_\_ Ward \_\_\_\_\_  
Registered No. 9

2. FULL NAME Julia Wigginton

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_ Halleck No. \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 74 yrs. mos. \_\_\_\_\_ ds. How long in U. S., if of foreign birth? yrs. mos. \_\_\_\_\_ ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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) About 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
74 0 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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) DeKalb, Missouri  
(STATE OR COUNTRY)

13. NAME Joshua Wigginton

14. BIRTHPLACE (CITY OR TOWN) Unknown  
(STATE OR COUNTRY) West Virginia

15. MAIDEN NAME Nancy Stephens

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

17. INFORMANT James J. Wigginton  
(ADDRESS) Halleck, Mo.

18. BURIAL, CREMATION, OR REMOVAL Halleck Cemetery  
PLACE Halleck, Mo. DATE Aug. 31, 1935

19. UNDERTAKER H. O. Sidenfaden  
(ADDRESS) St. Joseph, Mo.

20. FILED 9/10, 1935, J. W. McAdams  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from August 30, 1935, to \_\_\_\_\_, 19\_\_\_\_  
August 30 35

I last saw \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said

to have occurred on the date stated above, at Unknown

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

Chronic Myocarditis Date of onset \_\_\_\_\_  
wandered away from home  
Aug 22 found Aug 30. in wheat  
field south of DeKalb Mo. probably  
fallen by logs.

Other contributory causes of importance:

Mentally unbalanced

Name of operation none Date of \_\_\_\_\_What test confirmed diagnosis? Ch. post Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? none Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? Buchanan County  
(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) James Thomas Aroner, M. D.

(Address) 731 Jaraon

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.

