

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.

32339

1. PLACE OF DEATH

County Franklin Registration District No. 290
 Township Senath Primary Registration District No. 4175
 City Senath (No. 4175) St. _____ Ward _____

File No. _____
 Registered No. 70

2. FULL NAME

(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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>W</u> (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 3-1934</u>		
7. AGE	YEARS	MONTHS
		<u>11</u>
		<u>2</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>X</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>X</u>		
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) MO

13. NAME Eugene W. Wigglesworth

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

15. MAIDEN NAME Ruthie L. Lawrence

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

17. INFORMANT Ervin Wigglesworth (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Grave Cemetery DATE Oct 5 1935

19. UNDERTAKER Dr. Daniel W. Spude (ADDRESS) Senath MO

20. FILED 11-1 1935 Dr. Daniel W. Spude Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 5, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 5, 1935, to Oct 5, 1935
 I last saw him alive on Oct 5, 1935. Death is said to have occurred on the date stated above, at 3:30 a.m.

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

Date of onset 10-1-35

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) Dr. Daniel W. Spude M. D.
 (Address) Senath MO

