

MAY 25 1936

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

Do not use this space.

16538

1. PLACE OF DEATH

County RandolphRegistration District No. 735

Township

Primary Registration District No. 3034City Moberly

(No. _____)

St. _____

Ward _____

2. FULL NAME Cassie Oleta Wiggins

(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

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

FemaleWhitemarried

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

Willie Wiggins

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

Sept 24, 1915

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

2072

OCCUPATION

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

Housewife

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)

Randolph Mo

13. NAME

Noah Porter Cus

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

Randolph Mo

15. MAIDEN NAME

Mrs Beulah Nicholas

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

Randolph Mo

17. INFORMANT (ADDRESS)

Mrs Beulah Williams

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

Old Hickory April 27, 1936

19. UNDERTAKER (ADDRESS)

Tom B. Patton

20. FILED

4/27 1936 Virginia Walker

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

April 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from

April 15, 1936, to April 26, 1936I last saw her alive on April 26, 1936. Death is saidto have occurred on the date stated above, at 3:12 A.m.

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

Peritonitis following abortion

Date of onset

I know no details of the abortion of March 14, 1936

Other contributory causes of importance:

Name of operation NoneDate of NoneWhat 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? NoIf so, specify No

(Signed)

R.D. Streeton

, M. D.

(Address)

Moberly, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

FEB 5 1945