

SEP 15 1936

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

Do not use this space.

33124

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **Washington**
City (No. **821**) **Washington** St. Ward) **22**

2. FULL NAME

(a) Residence, No. **821 So 18th** St., **22** 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 F	4. COLOR OR RACE C	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Isaac Banks		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-4 1874		
7. AGE 62	YEARS 11	MONTHS 19
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hwof.		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

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alabama
	13. NAME Anderson Wiggins
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alabama
	15. MAIDEN NAME Sabra Johnson
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alabama
	17. INFORMANT (ADDRESS) 3427 P St Washington
	18. BURIAL, CREMATION, OR REMOVAL PLACE Father's church DATE 8-26 1936
	19. UNDERTAKER (ADDRESS) 3134 S. ...
20. FILED AUG 30 1936 J. Bredeck Registrar.	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **8-23 1936**
22. I HEREBY CERTIFY, That I attended deceased from **8-10 1936** to **8-23 1936**
I last saw him alive on **8-23 1936** Death is said to have occurred on the date stated above, at **7:23** p.m.
The principal cause of death, and related causes of importance were as follows:

Cerebral edema

Date of onset **8-23**

Other contributory causes of importance:

Carcinoma of buttock

Name of operation **Excis, Ca** Date of **8-11-36**
What test confirmed diagnosis? Was there an autopsy? **Yes**

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 **Pearson Kelllogg** M. D.
(Signed) **3427-Washington**
(Address)

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.

1. The purpose of this document is to provide information regarding the activities of the [redacted] in the [redacted] area.

2. The information contained herein is classified as [redacted] and is intended for the use of [redacted] personnel only.

3. This document is to be read in conjunction with the [redacted] report dated [redacted].

4. The [redacted] activities described in this document are of a [redacted] nature.

5. It is noted that the [redacted] activities are being conducted in a [redacted] manner.

6. The [redacted] activities are being conducted in a [redacted] manner.

7. The [redacted] activities are being conducted in a [redacted] manner.

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29. The [redacted] activities are being conducted in a [redacted] manner.

30. The [redacted] activities are being conducted in a [redacted] manner.

