

OCT 16 1936

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

Do not use this space.

37045

1. PLACE OF DEATH

County Cedar
Township Washington
City Stockton

Registration District No. 165
Primary Registration District No. 5234

File No. Oct 9, 1936
Registered No. 1811

2. FULL NAME

Margaret H. Sigwell
(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 26, 1849

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
86 10 9

8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc.
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) Wisc

13. NAME Wm Mc Cullough

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

15. MAIDEN NAME Annie Johnson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) London, England

17. INFORMANT (ADDRESS) Mrs. H. H. Harris
Stockton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Stockton DATE Oct 6 1936

19. UNDERTAKER (ADDRESS) F. C. Davis & Co.
Stockton Mo

20. FILED Oct 9, 1936 Mrs. W. A. Brown
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 5, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1936, to Oct 5, 1936.
I last saw her alive on Oct 1, 1936. Death is said to have occurred on the date stated above, at 8 P. m.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset _____

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) H. H. Sigwell, M. D.
(Address) Stockton Mo

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.

