

JAN 27 1934

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

Do not use this space.

47340

1. PLACE OF DEATH

County Stoddard
Township Custer
City Bloomfield (No. 102)

Registration District No. 838 837
Primary Registration District No. 102

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Velma Ora Wigors

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-11-1934

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, 1 hrs. or min. 1

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, 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) Bloomfield R 2 Missouri

FATHER 13. NAME Johnnie Wigors

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

MOTHER 15. MAIDEN NAME Zora Calvin

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

17. INFORMANT (ADDRESS) Johnnie Wigors Bloomfield R 2

18. BURIAL, CREMATION, OR REMOVAL PLACE Wester Cemetery DATE 12-12-1934

19. UNDERTAKER (ADDRESS) None

20. FILED 1-7 1934 Mrs M B Gavel Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-11-34 1934

22. I HEREBY CERTIFY, That I attended deceased from 12-11-34 1934 to 12-11-34 1934
I last saw him alive on 12-11-34 1934 Death is said to have occurred on the date stated above, at 10:15 a.m.
The principal cause of death and related causes of importance were as follows:

Premature
Utero gestation
Date of onset 12-11-34
Other contributory causes of importance: 15
Cause unknown

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) S. S. Lewis M. D.
(Address) Wester Miss

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.

WHITE PERNIX, WITH UNFADING INK—THIS IS A PERMANENT RECORD

