

APR 26 1937

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

Do not use this space. 7

1. PLACE OF DEATH

County JeffersonTownship JohnsonCity WrensburgRegistration District No. 703Primary Registration District No. 4424(No. George Dimmit)File No. 13062Registered No. 13062

Ward

2. FULL NAME

(a) Residence, No. Anna Bigler

(Usual place of abode)

St. Ward.

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Bigler6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 18697. AGE YEARS 68 MONTHS 6 DAYS 6 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Store keeper

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) March 1933 11. Total time (years) spent in this occupation 193312. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Summit Springs, Mo.13. NAME Pastor Simmons14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canada15. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown17. INFORMANT John Bigler (ADDRESS) Deepwater, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Deepwater, Mo. DATE March 21, 193719. UNDERTAKER Tom Hurst (ADDRESS) Deepwater, Mo.20. FILED Mar. 24, 1937 Ora M. Rich Registrar.21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-21-3722. I HEREBY CERTIFY, That I attended deceased from 3-13-37, 1937, to 3-21-37, 1937I last saw her alive on 3-21-37, 1937. Death is said to have occurred on the date stated above, at 3:45 a.m.

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

Cordeae Failure Date of onset 3-14-37Other contributory causes of importance: 48Myocardectomy 3-14-37Name of operation Myocardectomy Date of 3-14-37What 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) A. J. Stupp M. D.(Address) Wrensburg, Mo.

Hospital V

N. B.—Every item of information should be carefully supplied. A fee should be stated. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

139c

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BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

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1. PLACE OF DEATH

County Polk

Registration District No. 703

File No. 13062

Township

Primary Registration District No. 4424

Registered No.

City Humboldt (No.)

St. Ward)

2. FULL NAME

Anna Bigler

(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 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 21 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 68 6 1

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 years spent in occupation

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

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19...

19. UNDERTAKER (ADDRESS)

20. FILED Mar 24 1917 Eva M. Rich Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3 - 21 1937

22. I HEREBY CERTIFY, That I attended deceased from

I last saw h..... alive on, 19..... Death is said to have occurred on the date stated above, at.....m.

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

Cervical cancer forem 6 mo about 9-1-36

Other contributory causes of importance: 1) hysterectomy 48

Name of operation hysterectomy 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) A. J. Stufflebaum M. D. (Address) Humboldt Mo.

SUPPLEMENT

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of CAUSE OF DEATH is very important.

S-13062