JUL 27 1937

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

Do not use this space.

12

1. PLACE OF DEATH
County Butler — Registration District No. 89 — File No. 23276
Township — Primary Registration District No. 3007 — Registered No. 147
City Poplar Bluff (No. Brandon Hospital St. Ward)

2. FULL NAME Ruby Wiggins
(a) Residence, No. St., Ward. Kennett Mo
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 2½ 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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Leon Wiggins
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 25-1915
7. AGE YEARS 22 MONTHS 5 DAYS 12 If LESS than 1 day, ...hrs. or ....min.

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. Own home
10. Date deceased last worked at this occupation (month and year) Mar 20 1937
11. Total time (years) spent in this occupation

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

FATHER
13. NAME C. C. Street
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) La

MOTHER
15. MAIDEN NAME Sallie B Roberts
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) La

17. INFORMANT (ADDRESS) L. L. Wiggins Kennett Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Ridge DATE 6-7 1937
19. UNDERTAKER (ADDRESS) Lynn Und Kennett Mo.
20. FILED 6-7 1937 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar. 20 1937, to June 6, 1937
I last saw her alive on June 6, 1937 Death is said to have occurred on the date stated above, at 12:10 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis	May 1937
Myocarditis	May 1937

Other contributory causes of importance:
3rd degree burns of 2/3 of body — Mar 20 1937

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? Accident Date of injury Mar 20, 1937
Where did injury occur? Kennett, Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury Kerosene explosion
Nature of injury 3rd degree burns of body

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) [signature], M. D.
(Address) Poplar Bluff 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.