

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.

DEC 20 1937

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

Do not use this space.

40368

1. PLACE OF DEATH

County Jackson
Township Causey City
City Causey City (No. 3660 Summit)

Registration District No. 1
Primary Registration District No. 12

File No. 40368
Registered No. 40368 Ward

2. FULL NAME

Wesley Biggers
(a) Residence, No. 525 Oakland St., Summit 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. 21 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) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-13-1850

7. AGE YEARS 87 MONTHS 8 DAYS 8 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

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) Prattville
Mo. 1850

13. NAME A. V. Biggers

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

15. MAIDEN NAME unknown

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

17. INFORMANT (ADDRESS) Mrs Charles S. 3101 Wood
1216 Washington Blvd.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove DATE 11-23 1937

19. UNDERTAKER (ADDRESS) Biggers, John
1216 Washington Blvd.

20. FILED 11-20 1937 M. M. Crow, east
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-21 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 7 1937, to Nov 21 1937

I last saw him alive on Nov 20 1937. Death is said to have occurred on the date stated above, at 12:45 p. m.

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

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Toxemia Date of onset 11/15/37

Other contributory causes of importance:
Chronic Mitral insufficiency
Cardio-nephritic
Chronic interstitial nephritis } Several
years

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

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? no

If so, specify

(Signed) E. A. Burkhardt M. D.

(Address) 3346 Summit

