

JAN 17 1938

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

Do not use this space.

44167

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Kaw Primary Registration District No. 1002
City Kansas City (No. 1833 Swope Parkway)

File No. _____
Registered No. 5070
St. _____ Ward _____

2. FULL NAME Mrs. Fannie E. Wiggins

(a) Residence, No. Portland, Oregon St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 26, 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 1 18

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.

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) Oscoda Mich.

13. NAME William Pellette

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

15. MAIDEN NAME Margaret Mc Waters

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

17. INFORMANT (ADDRESS) Mrs. V. E. Funkhouser 1833 Swope Parkway

18. BURIAL, CREMATION, OR REMOVAL PLACE Cremation DATE Dec. 16, 1937

19. UNDERTAKER (ADDRESS) D. W. Newcomer's Sons

20. FILED Dec. 16 1937 M. M. Brown Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 19, 1937, to Dec. 14, 1937

I last saw him alive on Dec. 14, 1937. Death is said to have occurred on the date stated above, at 5:25 P.M.

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

Sarcocystis hominis Date of onset

Other contributory causes of importance:

Name of operation Laparotomy Date of 7-5-37
What test confirmed diagnosis? Pathology 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 of injury in any way related to occupation of deceased? No
If so, specify _____

(Signed) H. M. Casman, M. D.
(Address) 3850 Brooklyn

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.

3850 Brooklyne