

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township 2 Year Primary Registration District No. 1002
City James City (No. 42 C Gen Hosp)

File No. 1421
Registered No. 109
St. _____ Ward _____

2. FULL NAME

Charles R. Bigham 250

(a) Residence, No. Arundale Mo Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 5 - 1880

7. AGE YEARS 58 MONTHS 0 DAYS 3 If LESS than 1 day,hra. ormin.

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

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) Mo

13. NAME James Bigham

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

15. MAIDEN NAME Martha Darraden

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

17. INFORMANT (ADDRESS) Deirda Clark 72 C Gen Hosp

18. BURIAL, CREMATION, OR REMOVAL PLACE Liberty Mo DATE Jan 10 1938

19. UNDERTAKER (ADDRESS) Wilton Funeral Home Mo. K. E. Mo.

20. FILED Jan 9 1938 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 8 1938

22. I HEREBY CERTIFY That I attended deceased from Jan 7 1938 to Jan 8 1938

I last saw alive on Jan 8 1938 Death is said to have occurred on the date stated above, at 2:30 am

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

C coronary Sclerosis Date of onset _____

with acute Myo-

cardial Insufficiency

Other contributory causes of importance: 94 B

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

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) P. F. DeMara M. D.

(Address) Dept. K C Gen Hosp

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.

RECEIVED

FEB 18 1937

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MO. STATE BOARD OF HEALTH