

MISSOURI STATE BOARD OF HEALTH

Do not use this space.

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DEC'D MAR 20 1938

1. PLACE OF DEATH

County

Registration District No.

470

File No.

7249

Township

Primary Registration District No.

5633

Registered No.

23

City

No.

Mt Vernon Mo Scotts Blaine

St.

Ward

2. FULL NAME

(a) Residence, No.

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 *fe* 4. COLOR OR RACE *wh* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*

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

mi *Erdvins*

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

Sept 6 1906

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day,hrs. ormin.

*21**5**22*

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

Housework

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

12/35

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

Cochran Co, Mo

13. NAME

Hy Herbert Wigginton

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

Cochran Co, Mo

15. MAIDEN NAME

Ellie E Martin

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

Cochran Co, Mo

17. INFORMANT (ADDRESS)

Reed Clark E (Dr) Mt Vernon Mo Scotts Blaine

18. BURIAL, CREMATION, OR REMOVAL

PLACE *Clinton Mo* DATE *march 1 1938*

19. UNDERTAKER (ADDRESS)

Fred Wilkinson Clinton Mo

20. FILED

march 1 1938 P. A. Holmes

Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *2-28-38* 19

22. I HEREBY CERTIFY, That I attended deceased from

9-2-36, 19, to *2-28-38*, 19.I last saw h. a. alive on *2-28-38*, 19. Death is saidto have occurred on the date stated above, at *11:15* m. p.

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

Pulmonary Tuberculosis

Date of onset

4/35

Other contributory causes of importance:

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? Date of injury

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

Chuter J. Meekins

(Signed)

M. D.

(Address) *Mt Vernon*

WRITE PRINTING, 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.

I 29314

