REC'D JUN 16 1938

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

18145
Do not use this space.

1. PLACE OF DEATH
(a) County Dekalb
(b) Township Adams
(c) City
(d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. 2 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 263
Primary Registration District No. 5215
Registered No.

2. PRINT FULL NAME William Robert Wigger
(a) Residence, No. Dekalb Co. Mo. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF xxx
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 12, 1866
7. AGE: Years 71 Months 8 Days 28 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc. Farm
10. Date deceased last worked at this occupation (month and year) Sept. 1937
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) Tassel Co. (STATE OR COUNTRY) Illinois

FATHER
13. NAME William E. Wigger
14. BIRTHPLACE (CITY OR TOWN) Unk. (STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Elizabeth Shay
16. BIRTHPLACE (CITY OR TOWN) Tassell Co. (STATE OR COUNTRY) Illinois

17. INFORMANT Mrs. Jacob Gray (ADDRESS) Jameson, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Grand River, Cem. DATE May, 11, 1938
19. FUNERAL DIRECTOR (NAME) Hope Furn. & Und. Co (ADDRESS) Gallatin, Mo.
20. FILED June 10, 1938 James Fitzgerald Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 10, 1938
22. I HEREBY CERTIFY, That I attended deceased from Friday May 6, 1938, to May 9, 1938
I last saw him alive on May 9, 1938. Death is said to have occurred on the date stated above, at 3:30 AM
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset

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, 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) [illegible], M. D.
(Address) Pattonsburg Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

L. O. Richesson, or by .....

Registered Apprentice No....., working under my personal supervision.

Signed L. O. Richesson

Licensed Embalmer No. 3302

P. O. Address Gallatin, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to c with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.