

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

34700
 Do not use this space.

REC'D NOV 21 1938

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 1002 Registered No. 4036
 (c) City Kansas City (d) Street No. 1813 1/2 Norton Street 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. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Walter Wiggins
 (a) Residence, No. 1813 1/2 Norton 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 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 Mary Lou Wiggins

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 11, 1888

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	50	0	1	

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

9. Industry or business in which work was done, as saw mill, bank, etc. Houses

10. Date deceased last worked at this occupation (month and year) 1933 11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nashville, Arkansas

FATHER

13. NAME William Lawrence Wiggins

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT Mary Lou Wiggins (Wife)
 (ADDRESS) 1813 1/2 Norton

18. BURIAL, CREMATION, OR REMOVAL
 PLACE _____ DATE _____ 19__

19. FUNERAL DIRECTOR (NAME) Steinbachers Undertaker
 (ADDRESS) 5811 Troost Ave. K.C. Mo.

20. FILED Nov 16 1938 M. M. Crowe
 Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 12, 1938

22. I HEREBY CERTIFY, that I attended deceased from May 24 1931 to Oct. 12 1938
 I last saw him alive on Oct. 12 1938. Death is said to have occurred on the date stated above, at 9:45 Pm.
 The principal cause of death and related causes of importance were as follows:
Acute bacilar dysentery
Subacute bronchopneumonia
Bronchial asthma
 Date of onset Oct. 17
1938

Other contributory causes of importance:
Whether there is a tuberculous element or not is impossible to determine without autopsy.

Name of operation _____ 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? At home (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) Harold P. Clark M. D.
 (Address) 3232 Bellefontaine Ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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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,

....., or by

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

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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

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