REC'D DEC 13 1938

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

40231
Do not use this space.

1. PLACE OF DEATH
(a) County St Francois
(b) Township Pendleton
(c) City Doe Run
(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. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 773
Primary Registration District No. 6028
Registered No. 158

2. PRINT FULL NAME 260 Edna Mae Wigger
(a) Residence, No. ..... 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 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 J. Louis Wigger
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 16, 1895
7. AGE YEARS 43 MONTHS 9 DAYS 6 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as 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) Pulaski Co, Mo.

FATHER
13. NAME George Manes
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pulaski Co, Mo.

MOTHER
15. MAIDEN NAME Mary Ellen Tucker
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pulaski Co, Mo.

17. INFORMANT (ADDRESS) J. Louis Wigger Doe Run, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Parkview Cemetery DATE 11-24 38
19. FUNERAL DIRECTOR (ADDRESS) Neidert Und Co Farmington, Mo
20. FILED Nov 24 1938 B. J. Robinson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 22, 1938
22. I HEREBY CERTIFY, That I attended deceased from Nov, 1937, to Nov 22, 1938
I last saw her alive on Oct 24, 1938. Death is said to have occurred on the date stated above, at 630a m.
The principal cause of death and related causes of importance were as follows:
Sarcoma of left Ilium & Tuberculosis of left lung.
Date of onset unknown
Other contributory causes of importance: 4 1/2
Name of operation ..... Date of .....
What test confirmed diagnosis? X-Ray 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 or injury in any way related to occupation of deceased? no
If so, specify .....
(Signed) L. M. Stanfield, ~~M.~~ D.O.
699 (Address) Farmington Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, 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 X12004

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)