

1939 MAY 12 1939

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

14217
Do not use this space.

1. PLACE OF DEATH

(a) County Boone Registration District No. 79
(b) Township _____ Primary Registration District No. 4047 Registered No. _____
(c) City Sturgeon (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.

2. PRINT FULL NAME

207 BETTIE DIGGS
(a) Residence, No. Sturgeon, Mo. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FF 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED Husband of Arthur Diggs
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 10

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Houseworker
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) Mo.

FATHER 13. NAME don't know

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) don't know

MOTHER 15. MAIDEN NAME don't know

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) don't know

17. INFORMANT (ADDRESS) Bessie Scott Sturgeon, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sturgeon Cem. DATE Apr. 26, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Barnes & Boothe Sturgeon, Mo.

20. FILED Apr. 26, 1939 A. R. Boothe Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 24, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1939, to Apr 24, 1939.
I last saw her alive on Apr 22, 1939. Death is said to have occurred on the date stated above, at 7 A. M.
The principal cause of death and related causes of importance were as follows:

Cardio Renal Disease Date of onset 1938
105
Other contributory causes of importance Terminal alcohol pneumonia

Name of operation _____ Date of _____
What test confirmed diagnosis? D.P.T. urine 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) A. R. Boothe, M. D.
(Address) Sturgeon Mo

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.

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.....

A. Booth

....., Registered Apprentice No. *131*

working under my personal supervision.

Signed.....

Reuben Barnes

Licensed Embalmer No. *2025*

P. O. Address *Sturgeon, Mo.*

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.