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.

31

REC'D JUL 17 1939

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

21963
Do not use this space.

1. PLACE OF DEATH
(a) County DAVIESS — Registration District No. 255
(b) Township JEFFERSON — Primary Registration District No. 5357 — Registered No.
(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. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME OVERMAN M. WIGLESWORTH
(a) Residence, No. WEATHERBY 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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): MARRIED
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ OLLIE WIGLESWORTH
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JAN 12 — 1874
7. AGE: YEARS 65 — MONTHS 5 — DAYS 13 — 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.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) alta Vista Mo

FATHER
13. NAME JOHN THOMOS WIGLESWORTH
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KENTUCKY

MOTHER
15. MAIDEN NAME MARIAH NORMAN
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KENTUCKY

17. INFORMANT (ADDRESS) OLLIE WIGLESWORTH WEATHERBY MO
18. BURIAL, CREMATION, OR REMOVAL PLACE ALTA VISTA DATE JUNE 28 1939
19. FUNERAL DIRECTOR (ADDRESS) Mrs Kate Strang Winston Mo
20. FILED June 27, 1939 F R Wilson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 25, 1939
22. I HEREBY CERTIFY, That I attended deceased from Jan 9, 1939, to June 25, 1939
I last saw h alive on June 25, 1939 Death is said to have occurred on the date stated above, at 11.38 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis	
X Chronic ~~[illegible]~~ myocarditis	

Other contributory causes of importance: 131

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) Frank Hedges, M. D.
(Address) Pattonsburg

(Licensed Embalmer's Statement on Reverse Side)

District Health Office No.

District File Number 739-906

Date Filed JUL 14 1939

STATEMENT BY LICENSED EMBALMER

I, Virgil V. Strong, Licensed Embalmer No. 4074

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

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Virgil V. Strong

Licensed Embalmer No. 4074

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.)