

FILED APR 20 1940

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

Do not use this space.

1. PLACE OF DEATH

County DeKalb
Township Osborn
City Osborn (No.)

Registration District No. 260
Primary Registration District No. 4159

File No. 10810
Registered No. Ward

2. FULL NAME

(a) Residence, No. St. Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED - HUSBAND OF (OR) WIFE OF <u>Wm Wiggins</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept-1-1856</u>		
7. AGE	YEARS <u>83</u>	MONTHS <u>5</u>
	DAYS <u>-19</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>HOUSEKEEPING</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 19, 1940

22. I HEREBY CERTIFY, That I attended deceased from March 14, 1940, to March 19, 1940.
I last saw him alive on March 19, 1940. Death is said to have occurred on the date stated above, at 9:42 a.m.
The principal cause of death and related causes of importance were as follows:
Zeremia ✓

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clinton Co Mo

FATHER

13. NAME Dwight Sapp

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clay Co Mo

MOTHER

15. MAIDEN NAME Julia Prekett

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clay Co Mo

17. INFORMANT (ADDRESS) Baxter Wiggins Osborn Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Osborn DATE MAR 22, 1940

19. UNDERTAKER (ADDRESS) F. G. Evans Osborn Mo

20. FILED Mar 20, 1940 Medred Mc Mahall Registrar

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? no
If so, specify.....
(Signed) M. S. Gale, M. D.
(Address) Osborn Mo

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.

1-23814

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RECORDED
L. S. Smith Officer No. 11,
District File Number 440-572
Date Filed **APR 12 1948**

I here by Certify That copy
Whose name is recorded on
reversed side of this certificate
was embalmed by me

F. G. Lyon

Lic # 952

Stewartville
Mo.

S. No. 2B
-2-21-40
VI X22659

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10810

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 260

Primary Registration District No. 4159

Registrar's No.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH

(a) County De Kalb
(b) City or town Osborn Town
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community..... years, months or days)

3. (a) PRINT FULL NAME Henrietta Virginia
3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced wid
6. (b) Name of husband or wife..... 6. (c) Age of husband, or wife, if alive..... year.....
7. Birth date of deceased..... (Month) (Day) (Year)

8. AGE: Years 83 Months 5- Days 19 If less than one day..... hr..... min.

9. Birthplace..... (City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER

12. Name.....

13. Birthplace..... (City, town, or county) (State or foreign country)

14. Maiden name..... (City, town, or county) (State or foreign country)

15. Birthplace..... (City, town, or county) (State or foreign country)

16. (a) Informant..... (b) Address.....

17. (a)..... (b) Date thereof..... (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....

(b) Address.....

19. (a)..... (b)..... (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County.....
(c) City or town..... (If outside city or town limits write "RURAL")
(d) Street No..... (If rural, give location)
(e) If foreign born, how long in U. S. A.?..... years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 19 year..... hour..... minute..... M.

21. I hereby certify that I attended the deceased from..... 19..... to..... 19..... that I last saw h..... alive on..... 19..... and that death occurred on the date and hour stated above.

Immediate cause of death uremia
Due to Chronic Nephritis

Due to.....
Other conditions..... (Include pregnancy within 3 months of death) 12/1

Major findings:
Of operations.....
Of autopsy.....

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
(c) Where did injury occur?..... (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature W. J. Gault (M. D. or other).....
Address Osborn Mo Date signed.....

SUPPLEMENTARY

S-10810

1940