DEC 26 1928

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

Do not use this space.

36198

1. PLACE OF DEATH
County Bartlett
Township
City Poplar Bluff (No. No. St. Ward)
Registration District No. 89
Primary Registration District No. 3007
File No.
Registered No. 243

2. FULL NAME William P. Digges
(a) Residence. No. 1200 Maud 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 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 Lillie Diggs

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 3-27-1854

7. AGE ~~Years~~ 74 | MONTHS 7 | DAYS 22 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Seabry
(STATE OR COUNTRY) Howard Co. Mo

PARENTS
10. NAME OF FATHER Robert Diggs
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Dont Know
12. MAIDEN NAME OF MOTHER Dont Know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

14. INFORMANT Frank Diggs
(Address) 11 & Lest St Poplar Bluff Mo

15. FILED 11/24/1928 Dr B J Cline REGISTRAR

4 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 18 1928

17. I HEREBY CERTIFY, That I attended deceased from October 15, 1928, to Nov. 18, 1928, that I last saw him alive on Nov. 18, 1928, and that death occurred, on the date stated above, at 3:10 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocarditis
Pulmonary Oedema
(duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY) Carcinoma Colon and liver (duration) 1 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) S. L. Weibert, M. D
11-22, 1928 (Address) 1124 N. Main.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Woodlawn Cem. | DATE OF BURIAL 11-20 1928.

20. UNDERTAKER Frank Co Poplar Bluff | ADDRESS

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.