

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

Do not use this space.

14743

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 1003  
 City..... (No. 4254), Hartford St. \_\_\_\_\_ (Ward)

**2. FULL NAME** Margaret Wygal  
 (a) Residence, No. 4254 Hartford St., 16 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** Female  
**4. COLOR OR RACE** White  
**5. SINGLE, MARRIED, WIDOWED OR DIVORCED** (write the word) Single

**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF** -----

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)** June 20, 1850

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	79	10	3	

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

**9. BIRTHPLACE (CITY OR TOWN)** (STATE OR COUNTRY) Pennsylvania

**10. NAME OF FATHER** Daniel Wygal

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)** (STATE OR COUNTRY) Pennsylvania

**12. MAIDEN NAME OF MOTHER** Mary Cuberson

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)** (STATE OR COUNTRY) Pennsylvania

**14. INFORMANT** Mary Reeves  
 (Address) 4254 Hartford

**15. FILED** APR 25 1930 Ray C. Starck REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** April 23 1930

**17. NO Physician Attendance**  
 HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_, 3:30 P. M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS: 180  
Shock & Burns  
1-2 to 3 Degree  
due to Clothing Ignited  
from Gas Heater

**CONTRIBUTORY (SECONDARY)** Accident  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**18. WHERE WAS DISEASE CONTRACTED** No Burning Building

IF NOT AT PLACE OF DEATH \_\_\_\_\_  
 DID AN OPERATION PRECEDE DEATH \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_  
 (Signed) W. C. Reeves M.D.  
424 3/0 (Address) Dep. Coroner

\*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** Springfield, Mo. **DATE OF BURIAL** April 26 1930

**20. UNDERTAKER** Knock + Schmitt **ADDRESS** 3732 S. Grand Blv.

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.

WRITE PLAINLY, WITH UNWRAPPING INSTRUCTIONS IS A PERMANENT RECORD

