25 1934

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.

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

Do not use this space.

328

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No. 7921
Township — Primary Registration District No. 1001 — Registered No. 328
City St. Joseph, Mo. (No. Missouri Methodist Hospital St. Ward)

2. FULL NAME Etta May Digman
(a) Residence, No. King Hill & Lake Road 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: Female
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 James H. Digman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) About 1868

7. AGE — YEARS: 66 — MONTHS: Unknown — DAYS: — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HWF.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home.
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) Loisville, Kentucky

FATHER
13. NAME Louis Webb
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Kentucky

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Kentucky

17. INFORMANT (ADDRESS) W. A. Lyons St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Gower, Mo. DATE March 22, 1934

19. UNDERTAKER (ADDRESS) Fleeman Mortuary, Inc., St. Joseph, Mo.

20. FILED 3-20 1934 John R Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 19, 1934

22. I HEREBY CERTIFY, That I attended deceased from March 14, 1934, to March 19, 1934
I last saw her alive on March 19, 1934 Death is said to have occurred on the date stated above, at 6:15 P.M.
The principal cause of death and related causes of importance were as follows:

Date of onset
Broncho pneumonia Mar 14/34
Other contributory causes of importance:
Arteriosclerosis-general Unknown
Myocarditis Chronic Unknown

Name of operation None Date of
What test confirmed diagnosis? Clinical 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) Clarence A Gaad, M. D.
(Address) St Joseph Mo