

OCT 21 1936

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

Do not use this space.

34028

## 1. PLACE OF DEATH

County Nekalt  
Township Washington  
City (No. ....) St. .... Ward)

Registration District No. 258  
Primary Registration District No. 5-960A

File No. ....  
Registered No. 11

## 2. FULL NAME

Wilhelmina Wigger

(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 10 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>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Frank Wigger</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 23-1894</u>		
7. AGE	YEARS <u>62</u>	MONTHS <u>5</u>
	DAYS <u>9</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>housekeeper</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>housework</u>	
	10. Date deceased last worked at this occupation (month and year) <u>9-13-36</u>	
		11. Total time (years) spent in this occupation. <u>40 yrs</u>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Andrew Co. Mo13. NAME Louis Baruaed14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany15. MAIDEN NAME Caroline Boverheua16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany17. INFORMANT (ADDRESS) Jessie C. Thornton  
Clarkdale Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Thornton DATE 9-15-3619. UNDERTAKER (ADDRESS) John G. Brown  
Clarkdale Mo20. FILED 9/15, 1936 M. C. A. Davis Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19.....

I last saw h. .... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Called after death as laborer

Date of onset

165  
Other contributory causes of importance: Poor health, mind not goodName of operation X Date of XWhat test confirmed diagnosis? clinical Was there an autopsy?23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide, suicide Date of injury 9-14-36Where did injury occur? Nekalt Co Mo  
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place. at homeManner of injury hung by neck fromNature of injury a tree near home24. Was disease or injury in any way related to occupation of deceased? noIf so, specify D. B. Saunders(Signed) D. B. Saunders, M. D.(Address) Thornton Mo  
Coroner Nekalt Co. 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.

