

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

Do not use this space.

MAY 15 1937

15116

1. PLACE OF DEATH
 County Jackson Registration District No. 399
 Township Jean Primary Registration District No. 1002
 City Kennett (No. K.C. Gen Hosp) St. _____ Ward _____

2. FULL NAME Stella W. Wigham
 (a) Residence, No. 107 N. Wabash St. Ward. _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. _____
 Registered No. 1002
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 16 1887
 7. AGE YEARS 49 MONTHS 9 DAYS 11 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
 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 _____

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

13. NAME Sam Waters

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

15. MAIDEN NAME Sarah Buffington

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

17. INFORMANT Deirda Clark (ADDRESS) K.C. Gen Hosp

18. BURIAL, CREMATION, OR REMOVAL PLACE First Hill DATE 4-7-37

19. UNDERTAKER J. T. John (ADDRESS) 20 West Second

20. FILED Apr 6 1937 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-4 1937

22. I HEREBY CERTIFY, That I attended deceased from 12-10 1926 to 4-4 1937

I last saw her alive on 4-4 1937 Death is said to have occurred on the date stated above, at 7:15 PM

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

Carcinoma cervix with erosion into bladder

Other contributory causes of importance:
Bilateral bronchopneumonia
Bilateral hydrocephalus

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? _____
 If so, specify _____

(Signed) P. P. DeMara, M. D.
 (Address) K.C. Gen Hosp

It is a very important 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.

