JUN 27 1930

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

Do not use this space.

17161

File No.
Registered No. 46

1. PLACE OF DEATH
County St. Francois
Township Perry
City (No. St. Ward)
Registration District No. 775
Primary Registration District No. 6020

94

2. FULL NAME Martha Sigman
(a) Residence. No. Bonne Terre, R.R. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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.

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Don't Know

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 24-1854

7. AGE: Years 76; Months 1; Days 24; If LESS than 1 day, ...hrs. or ......min.

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) Illinois

2

PARENTS
10. NAME OF FATHER: dont no
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): dont no

1

12. MAIDEN NAME OF MOTHER: Mary Wills
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): dont no

31

14. INFORMANT: Frank Sigman
(Address) Flat River Mo.

15. FILED 5/19, 1930 T. A. Son, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 18, 1930

17. I HEREBY CERTIFY, That I attended deceased from 3-15, 1930, to 5-18, 1930, that I last saw her alive on 5-15, 1930, and that death occurred, on the date stated above, at 10 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Diabetes mell.
57
93C
67B
(duration) unknown yrs. mos. ds.
CONTRIBUTORY (SECONDARY) chr. myocarditis, acidosis
(duration) unknown yrs. mos. ds.

57

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
10 DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? clinical
(Signed) H. Graebe, M. D.
5/19, 1930 (Address) Desloge Mo

*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: Marsh Chappel
DATE OF BURIAL: May 19, 1930
20. UNDERTAKER: C. J. Boyer
ADDRESS: Desloge Mo