

1 PLACE OF DEATH

ARKANSAS STATE BOARD OF HEALTH

Bureau of Vital Statistics

CERTIFICATE OF DEATH

670

871

County PULASKI
 Township BIG ROCK
 Inc. Town or City LITTLE ROCK

Registration District No. 529
 Primary Registration District No. 2313
 (No. General Hospital St.; Ward)

File No. 824
 Registered No. 824

2 FULL NAME Mrs. Maude Wiggins

(a) Residence No.

(Usual place of abode)

Length of residence in city or town where death occurred

yrs.

mos. 6

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

If death occurred in a hospital or institution, give its NAME instead of street and number.

St.,

Ward Bee Branch, Ark.

(If nonresident give city or town and State)

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 ofR. M. Wiggins

6 DATE OF BIRTH

Month

Nov. 4

Day

1885

Year

7 AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.45224

8 OCCUPATION OF DECEASED

(a) Trade, profession, or

particular kind of work

At Home

(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)

Tenn.

10 NAME OF FATHER

Geo. W. French

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

Tenn.

12 MAIDEN NAME OF MOTHER

Miss Moore

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

Tenn.

14

Informant

(Address)

R. M. WigginsBee Branch, Ark.

15

Filed

MAY 23 1930H. A. Krawford
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Month

5/25/30

Day

19

Year

17

I HEREBY CERTIFY, That I attended deceased from

May 27 1930 to May 28 1930that I last saw her alive on May 27 1930and that death occurred, on the date stated above, at 5:30 m.

The CAUSE OF DEATH was as follows:

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. (See reverse side for additional space.)

Diffuse Peritonitis

(duration)

yrs.

mos. 3

ds.

CONTRIBUTORY

(Secondary)

Bilateral Ovarian CystLibroid Uterus

(duration)

yrs. ?

mos.

ds.

18 Where was disease contracted

if not at place of death?

Did an operation precede death?

Yes date of 5/24/30

What operation performed?

Hysterectomy & Oophorectomy

Was there an autopsy?

No

What test confirmed diagnosis?

Operations

(Signed)

Dr. V. Lewis

M. D.

5/25/30

19

(Address)

Little Rock, Ark.

19. PLACE OF BURIAL, CREMATION, or REMOVAL

DATE OF BURIAL

Bee Branch, Ark.5/25/30

20 UNDERTAKER

ADDRESS

R. F. Drummond & Co.

Burial or Transit Permit issued by

Date of Issue

MARGIN RESERVED FOR BINDING

V. S. No. 4

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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. See instructions on back of certificate.