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210-1-0-1-210-1-0

TEXAS DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE OF TEXAS

CERTIFICATE OF DEATH

STATE FILE NO.

31791

1. PLACE OF DEATH a. COUNTY <u>Shelby</u>				2. USUAL RESIDENCE (Where deceased lived. If institutional: residence before admission). a. STATE <u>Texas</u> b. COUNTY <u>Shelby</u>			
b. CITY (If outside corporate limits, write RURAL and give precinct no.) OR TOWN <u>Center</u>				c. CITY (If outside corporate limits, write RURAL and give precinct no.) OR TOWN <u>Center, Texas</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) <u>Nancy Elizabeth Wiggins</u>		a. (First)		b. (Middle)		c. (Last)	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Oct. 14, 1881</u>	
9. AGE <u>69</u>		YEARS		MONTHS		DAYS	
10a. USUAL OCCUPATION (Give kind of work done during most of preceding life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Same</u>		11. BIRTHPLACE (State or foreign country) <u>Miss.</u>			
12. FATHER'S NAME <u>John Rainwater</u>				13. MOTHER'S MAIDEN NAME <u>Miss.</u>			
14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>				15. SOCIAL SECURITY NO. <u>none</u>		16. INFORMANT'S SIGNATURE <u>R.S. Wiggins</u>	
17. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive heart.</u> DUE TO (c) <u>Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH			
18a. DATE OF OPERATION		18b. MAJOR FINDINGS OF OPERATION					
20a. ACCIDENT SUICIDE HOMICIDE (Specify)		20b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20c. (CITY, TOWN, OR PRECINCT NO.) (COUNTY)			
20d. TIME OF INJURY (Month) (Day) (Year) (Hour)		20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. HOW DID INJURY OCCUR?			
21. I hereby certify that I attended the deceased from <u>5/1</u> , 19 <u>51</u> , to <u>5/7</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>5/7</u> , 19 <u>51</u> , and that death occurred at <u>4 P.M.</u> , from the causes and on the date stated above.							
22a. SIGNATURE <u>R. S. Wiggins M.D.</u>				22b. ADDRESS <u>Center, Tex</u>		22c. DATE SIGNED <u>6/1/51</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>				23b. DATE <u>May 8, 1951</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Fairview Cem.</u>	
23d. LOCATION (City, town, or county) (State) <u>Center Shelby Texas</u>				24. FUNERAL DIRECTOR'S SIGNATURE <u>Mangum Funeral Home</u>			
25a. REGISTRAR'S FILE NO.		25b. DATE REC'D BY LOCAL REGISTRAR <u>June 22, 1951</u>		25c. REGISTRAR'S SIGNATURE <u>J. J. Jackson</u>			

NOTE THE INFORMATION CALLED FOR ON THE REVERSE SIDE

#874

Dr. Oates