

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

21392

**1. PLACE OF DEATH**

County Jackson Registration District No. 399 File No. \_\_\_\_\_  
 Township Kaw Primary Registration District No. 1002 Registered No. \_\_\_\_\_  
 City Kansas City (No. 5405 Forest) St. 2809 Ward \_\_\_\_\_

**2. FULL NAME** BLANCHE THEODORA HIGGINS

(a) Residence. No. 5405 Forest St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident give city or town and State)  
 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.

**PERSONAL AND STATISTICAL PARTICULARS**

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF C. L. Higgins

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 31, 1894

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	28	6	6	

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) Mo.

PARENTS

10. NAME OF FATHER Grant F. Woodward

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Pa.

12. MAIDEN NAME OF MOTHER Ida M. Kelly

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Colo.

14. INFORMANT C. L. Higgins  
 (Address) 5405 Forest, K.C. Mo.

15. FILED 7/6/23 M.M. Crow  
 \_\_\_\_\_  
 \_\_\_\_\_

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7-6-23 19 23

17. I HEREBY CERTIFY, That I attended deceased from July 4, 1923, to July 6, 1923, that I last saw her alive on July 6, 1923, and that death occurred, on the date stated above, at 7:05-AM m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

92.12  
7:11 Acute myocarditis  
 \_\_\_\_\_ (duration) \_\_\_\_\_ yrs. mos. 21 ds.

CONTRIBUTORY (SECONDARY) Mythal tumor  
several  
 \_\_\_\_\_ (duration) \_\_\_\_\_ yrs. mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_ IF NOT AT PLACE OF DEATH? \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? no DATE OF July 6, 1923

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? none

(Signed) Frank B. Kruger, M. D.  
July 6, 1923 (Address) 31 - 2nd St.

\*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.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Forest Hill (Vault) DATE OF BURIAL 7-7-23 19 23

20. UNDERTAKER Stone & McClure Co. ADDRESS 924 Oak St.

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.

