

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

#9-13 amended by aff of great-nephew, 1850 Census & older sibling's Ark death record 6-11-13 mjid

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

Do not use this space.

33852

1. PLACE OF DEATH
 County Jasper Registration District No. 411 File No. 33852
 Township Jasper Primary Registration District No. 2002 Registered No. 5-18
 City Joplin (In David Solomon Biggs St. Ward)

2. FULL NAME
 (a) Residence. No. 1424 Moffett Ward.
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND or (OR) WIFE OF Minerva Biggs

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 8, 1842

7. AGE YEARS <u>84</u>	MONTHS <u>2</u>	DAYS <u>23</u>	IF LESS than 1 day, hrs. or min.
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8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work retired
 (b) General nature of industry, business, or establishment in which employed (or employer) farmer
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Arkansas
 (STATE OR COUNTY) Tennessee

10. NAME OF FATHER David Biggs
Hardy

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Tennessee
 (STATE OR COUNTY)

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Tennessee
 (STATE OR COUNTRY)

14. INFORMANT Mrs. W. E. Barnett
 (Address) Joplin Mo

15. FILED 11/27 Dr. A. Benson Clark REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 1 1927

17. I HEREBY CERTIFY, That I attended deceased from Oct 31st 1927 to Oct 27th 1927, that I last saw him alive on Oct 31st 1927, and that death occurred, on the date stated above, at 12-10 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral apoplexy
 (duration) yrs. mos. da.
 CONTRIBUTORY (SECONDARY) Arterio Sclerosis
 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH?
 DID AN OPERATION PRECEDE DEATH? DATE OF
 WAS THERE AN AUTOPSY?
 WHAT TEST CONFIRMED DIAGNOSIS
 (Signed) W. Benson Clark, M. D.
11/1, 1927 (Address) Joplin 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 Lebanon Mo DATE OF BURIAL 11-3-27
 20. UNDERTAKER Hurdlett Undert Co ADDRESS Joplin Mo

