

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

Do not use this space.

1859

FEB 21 1928

1. PLACE OF DEATH

County Wentworth
Township Wentworth
City Wentworth Mo.

Registration District No. 556
Primary Registration District No. 4328

File No. 130
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Mary Ann Higgins

(a) Residence. No. _____ 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

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 OF John Higgins

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 27-1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 69 1 29

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House wife
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Merced Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER Enoch Karns

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Pennsylvania
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Haney

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

14. INFORMANT Mrs. Earl Perreault
(Address) 624 Main St. Sulfwater, Mo.

15. FILED 1/27-28 1928 J. M. Perry REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 26 19 28

17. I HEREBY CERTIFY, That I attended deceased from Jan 25 1928, to Jan 26 1928, that I last saw her alive on Jan 26 1928, and that death occurred, on the date stated above, at 9 a. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Cerebral Hemorrhage
apoplexy

CONTRIBUTORY (SECONDARY) Chronic interstitial nephritis
(duration) 4 yrs. 0 mos. 0 da.

18. WHERE WAS DISEASE CONTRACTED _____
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? No DATE OF _____
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Microscopic
(Signed) J. M. Perry M. D.
Jan 26, 1928 (Address) Wentworth 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 Wentworth Cemetery DATE OF BURIAL Jan 28 19 28

20. UNDERTAKER Paul Mass ADDRESS Wentworth Mo.

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 very important.

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