

Whickson

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

Do not use this space.

26591

1. PLACE OF DEATH
 County Butler Registration District No. 89
 Township Poplar Bluff Primary Registration District No. 5/31
 City Poplar Bluff (No.) St. Ward

2. FULL NAME William A. Highsmith
 (a) Residence. No. 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 Male
 4. COLOR OR RACE white
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write the word*) widowed

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Mary A. White Highsmith

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 10 - 1861

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
66 8 9 — — —

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Farmer
 (b) General nature of industry, business, or establishment in which employed (or employer)

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 19 1928

17. I HEREBY CERTIFY That I attended deceased from Aug 9 1928, 1928, to Aug 19 1928, 1928 (that I had previously been alive on Aug 7 1928, 1928, and that death occurred, on the date stated above, at 1240 a.m.)

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Emphysema
Emphysema
Emphysema
 (duration) 5 yrs. mos. da.
 CONTRIBUTORY (SECONDARY) Infarct
 (duration) 1 yrs. mos. da.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lawrence Co. Ill.

10. NAME OF FATHER John Highsmith

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

12. MAIDEN NAME OF MOTHER Liza Dillon

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

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

DID AN OPERATION PRECEDE DEATH?

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) J. M. Henschel, M. D.
8-21, 1928 (Address) Poplar Bluff 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.

14. INFORMANT (Address) Alonso Highsmith
9 1/2 North 1st St.

15. FILED Aug. 21 1928 Dr. B. J. Camp REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Woodlawn
 20. UNDERTAKER Frank Muttler Poplar Bluff Mo

DATE OF BURIAL Aug 20 1928
 ADDRESS

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.

SEP 24 1928

