

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

33145

1. PLACE OF DEATH

County Dade
 Township Center
 City Greenfield Mo. (No.)

Registration District No. 237
 Primary Registration District No. 4-144

File No. 38
 Registered No.
 St. Ward)

2. FULL NAME

(a) Residence. No. Jeannita Mae Biglow St. 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. ~~SINGLE~~ MARRIED WIDOWED OR DIVORCED (use the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 16, 1928

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
— 4 6 — — —

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

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

PARENTS

10. NAME OF FATHER Todd Biglow

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

12. MAIDEN NAME OF MOTHER Hazel E. Rafter

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Lawrence Co. Mo.
 (STATE OR COUNTRY)

14. INFORMANT Todd Biglow
 (Address) Greenfield Mo.

15. FILED 10-31, 1928 E. O. Ball REGISTRAR

2

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-22-1928

17. I HEREBY CERTIFY, That I attended deceased from Jan 6, 1928, to Oct 22, 1928.
 that I last saw her alive on Oct 31, 1928, and that death occurred, on the date stated above, at 11:30 PM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

malnutrition-with acute
indigestion-
Bottle fed child - feeding never
successful (duration) yrs. 4 mos. da.

CONTRIBUTORY (SECONDARY) 166 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH at Place of Death

19. DID AN OPERATION PRECEDE DEATH? no DATE OF

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Clinical
 (Signed) R. A. Brown, M. D.
 , 19 (Address) Greenfield 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 Greenfield Cemetery DATE OF BURIAL Oct. 24, 1928

20. UNDERTAKER J. W. Ward ADDRESS Greenfield 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 is very important.

WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD

