

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.

JAN 28 1929

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

Do not use this space.

42064

1. PLACE OF DEATH
County Platte Registration District No. 693
Township Edgerton Primary Registration District No. 4415
City Edgerton (No. St. Ward)
2. FULL NAME J. T. Biggustaff
(a) Residence. No. St. Ward
(Usual place of abode)
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.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Margaret Biggustaff
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov-22-1846
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
82 0 10
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired Farmer
(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) Clinton Co Mo
10. NAME OF FATHER Samuel Biggustaff
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Kentucky
12. MAIDEN NAME OF MOTHER Amanda Lucado
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

14. INFORMANT Mrs Margaret Biggustaff
(Address) Edgerton Mo

15. FILED 1/10 29 J. N. Rollins
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec-2-1928
17. I HEREBY CERTIFY, That I attended deceased from mid 19 28, to Dec 2 19 28
that I last saw him alive on Dec 2 19 28, and that death occurred, on the date stated above, at 12-30 a.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cancer of Stomach
44 ad 46-15 115B
(duration) 2 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Tooth Infection
(duration) 60 yrs. mos. ds.
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) J. N. Rollins M. D.
Dec 14, 1928 (Address) Unionville 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 Unionville Mo DATE OF BURIAL Dec-3-1928

20. UNDERTAKER J. N. Rollins ADDRESS Edgerton

