

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.

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

Do not use this space.

1651
242

1. PLACE OF DEATH

County JacksonRegistration District No. 355File No. 1651Township SawPrimary Registration District No. 1002Registered No. 242City St. LouisSt. WashingtonSt. WashingtonWard 7

2. FULL NAME

(a) Residence. No. 4312 WashingtonSt. 7Ward 7

(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

M.

4. COLOR OR RACE

Col.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

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

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

March 3, 1862

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.661012

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Mail Messenger

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Rivers Co.

(STATE OR COUNTRY)

Mo.

10. NAME OF FATHER

Samuel P. Higbee

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Ynk.

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Michael - Wm

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Ynk.

(STATE OR COUNTRY)

14.

INFORMANT

(Address)

Rosanna Higbee
4312 Washington

15.

FILED

1-17-29M. J. Carr
asst

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Jan. 15 1929

17.

I HEREBY CERTIFY, That I attended deceased from Nov 71928, to Jan 15, 1929that I last saw him alive on Jan 15, 1929, and thatdeath occurred, on the date stated above, at 8:45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cardiac Asthma
Asthma

CONTRIBUTORY

Cardiac Asthma

(SECONDARY)

Chronic (duration) 5 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)

J. L. Laffoon, M. D.1/16, 1929 (Address) 822 Rialto Bldg

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENCE, CAUSES, STAGE (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDE, or HOMICIDE.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Highland Cem1/18 1929

20. UNDERTAKER

ADDRESS

Hathins Bros1721 Lyden

Laffon, 822 Rialto