NOV 26 1929

58

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

Do not use this space.

34343

1. PLACE OF DEATH
County Linn
Registration District No. 303
File No.
x Township Parson Creek
Primary Registration District No. 5669
Registered No.
City (No. St. Ward)

2. FULL NAME Addison P. 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 2 1844

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
84	11	26	

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) Near Galesburg
(STATE OR COUNTRY) Ill.

PARENTS
x 10. NAME OF FATHER Americus C. Higgins
x 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Not known
(STATE OR COUNTRY)
x 12. MAIDEN NAME OF MOTHER Lucy Gridley
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Not known
(STATE OR COUNTRY)

14. x INFORMANT Paul Higgins
(Address) Meadville Mo

15. FILED 11-7, 1929 E S Weir
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10/26/29 19

17. I HEREBY CERTIFY, That I attended deceased from Mch 25, 1928, to Oct 26, 1929 that I last saw him alive on Oct 26, 1929, and that death occurred, on the date stated above, at 1130 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Interstitial Nephritis
131
Several years
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

1390

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? x
DID AN OPERATION PRECEDE DEATH? No DATE OF x
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Symptoms
(Signed) F. W. Burke, M. D
10/27, 1929 (Address) Laclede 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: LaClede Cemetery
DATE OF BURIAL: Oct 28 1929

20. UNDERTAKER: W. G. Thorne
ADDRESS: LaClede, Mo