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

Do not use this space.

34794

File No. 1

Registered No. 11

1. PLACE OF DEATH

County: Ray

Township: East

City: Lawson (No. ..... Ward) St. ..... Ward)

Registration District No. 742

Primary Registration District No. 4444

2. FULL NAME Mrs Sylva Hightower

(a) Residence. No. ..... St., ... Ward. ..... (If nonresident give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. COLOR OR RACE: W

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept 4th 1869

7. AGE: Years 60 | Months 1 | Days 2 | If LESS than 1 day, ... hrs. or ..... min.

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

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

PARENTS

10. NAME OF FATHER: John Green

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

12. MAIDEN NAME OF MOTHER: Jane Burgess

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

14. INFORMANT: Jane Hightower
(Address): Elmira Mo

15. FILED Nov. 3 1929 Edwin Shouse
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct 5th 1929

17. I HEREBY CERTIFY, That I attended deceased from Sept 29 1929, to Oct 5 1929 that I last saw her alive on Oct 5th 1929, and that death occurred, on the date stated above, at 3 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....

(duration) ..... yrs. ..... mos. ..... ds.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Edwin Shouse, M. D.

, 19 (Address)

*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: Elmira Mo

DATE OF BURIAL: Oct 6 1929

20. UNDERTAKER: J M Ward

ADDRESS: Lawson 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.

UNITED STATES BUREAU OF CENSUS — PERMANENT RECORD