

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

Do not use this space.

3770

1. PLACE OF DEATH

County Sullivan
Township Liberty
City Marion (No. _____)

Registration District No. 853
Primary Registration District No. 6117

File No. _____
Registered No. 2 St. _____ Ward _____

2. FULL NAME

Alfred Denver High

(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) _____

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 5, 1929

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
0 7 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) Sullivan Co., Missouri
(STATE OR COUNTRY)

10. NAME OF FATHER Alfred Benjamin High

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Sullivan Co., Missouri
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Bertha Bernice Seals

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Sullivan Co., Missouri
(STATE OR COUNTRY)

14. INFORMANT Alfred B. High
(Address) Harriet, Mo. R. #2

15. FILED 1-11-30 A. W. Wood
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 11 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan. 11, 1930, to Jan. 11, 1930 that I last saw him alive on Jan. 11, 1930, and that death occurred, on the date stated above, at 11:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Indigestion
14-9C
118C

(duration) _____ yrs. _____ mos. 1 ds.

CONTRIBUTORY (SECONDARY) Patent Foramen Ovale
(duration) _____ yrs. 7 mos. 6 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) R. L. Garner, M. D.

(Address) Milan, 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 Edenwood Cem. Sub. Co. Mo. DATE OF BURIAL Jan 13, 1930

20. UNDERTAKER C. A. Schoene ADDRESS Milan, 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.

20 1930

