MAR 28 1930

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

Do not use this space.

6007

1. PLACE OF DEATH
County Platte Registration District No. 692 File No.
Township Green Primary Registration District No. 4414 Registered No.
City Dearborn (No. St. Ward)

2. FULL NAME Nancy Margaret Biggerstaff
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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: Widowed of James Biggerstaff
6. DATE OF BIRTH (MONTH, DAY AND YEAR): May-1-1848
7. AGE: Years 81, Months 9, Days 8. If LESS than 1 day, ...hrs. or ......min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer): House Work
(c) Name of employer: Self
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Platte Co Mo

PARENTS
10. NAME OF FATHER: John Buchanan
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Kentucky
12. MAIDEN NAME OF MOTHER: Eleanor Ballinger
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

14. INFORMANT: John Buchanan
(Address): Camden Point Mo

15. FILED: Feb 20 1930 W H Moore, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feby-9-1930

17. I HEREBY CERTIFY, That I attended deceased from Jan. 3rd, 1930, to Feby 9th, 1930, that I last saw h[illegible] alive on Feby 9th, 1930, and that death occurred, on the date stated above, at 9 a.m.

THE CAUSE OF DEATH* was as follows:
Broncho pneumonia
107A
12[illegible]B
(duration) X yrs. 1 mos. 6 ds.

CONTRIBUTORY (SECONDARY): Colitis
(duration) X yrs. X mos. 12 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? At home
DID AN OPERATION PRECEDE DEATH? No. DATE OF None
WAS THERE AN AUTOPSY? None
WHAT TEST CONFIRMED DIAGNOSIS? None
(Signed) S L Durham, M.D.
Feb 9, 1930 (Address) Dearborn 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: Union Mill Cem
DATE OF BURIAL: 2/10-1930
20. UNDERTAKER: W H Rollins
ADDRESS: Edgerton 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.