

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. 30030
 Township Keaw Primary Registration District No. 1002 Registered No. 3836
 City Kansas City (No. Kansas City Gen Hosp) St. Mo Ward

2. FULL NAME

Thigons Chogy
 (a) Residence No. 234 S. Saunders St. Ward 14
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 4 - 1878

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>52</u>	<u>2</u>	<u>13</u>	

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

PARENTS	10. NAME OF FATHER <u>Fred Higgins</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>
	12. MAIDEN NAME OF MOTHER <u>Josephine Dalby</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>

14. INFORMANT Deuce Clerk
 (Address) K C Gen Hosp.

15. FILED 9/18/30 W. M. Gove
 REGISTRAR

1 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9-17 1930

17. I HEREBY CERTIFY, That I attended deceased from 9-12 1930, to 9-17 1930
 that I last saw him alive on 9-17 1930 and that death occurred, on the date stated above, at 3:08 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulver Pneumonia

108 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 10/10 (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? Yes

WHAT TEST CONFIRMED DIAGNOSIS Clin. Find & Autopsy
 (Signed) E. W. Wheeler, M. D.

9-18 1930 (Address) Subt. to C. Gen. Hosp.

*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 Greenwood Mo. DATE OF BURIAL Sept-19-30

20. UNDERTAKER Mrs. C. L. Foster ADDRESS K. C. Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

