

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

Do not use this space.

2552

PLACE OF DEATH

County Randolph

Registration District No. 735

File No. _____

Township _____

Primary Registration District No. 3034

Registered No. 19

City Moberly

(No. 215 So. Williams St. _____ Ward)

2. FULL NAME Mattie L. Higgett
 (a) Residence. No. 215 So. Williams 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 _____ 4. COLOR OR RACE _____ 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) _____

Female White Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 22nd 1860

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
70 4 0

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work At Home
 (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) Iowa 2

10. NAME OF FATHER David Higgett

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

12. MAIDEN NAME OF MOTHER Harriett Glass

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

14. INFORMANT Chas E. Higgett
 (Address) Denver, Colo.

15. FILED 1-23 1931 Dr. Thos. S. Fleming
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 22nd 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 16, 1931, to Jan 22 1931 that I last saw her alive on Jan 21, 1931, and that death occurred, on the date stated above, at 5:05 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Uræmia

18. WHERE WAS DISEASE CONTRACTED
13th St.
12 - B (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) B. myeloid (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
8th St. NOT AT PLACE OF DEATH.

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS
Microscopic (Signed) _____, M. D.

7-23 1931 (Address) Moberly 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 DATE OF BURIAL
Moberly 1-23 1931

20. UNDERTAKER ADDRESS
Mahan and Son Moberly 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.

FILED 20 1931

