Taylor

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

Do not use this space.

17479

File No. 128

Registered No.

1. PLACE OF DEATH

County Cole — Registration District No. 213

Township — Primary Registration District No. 3014

City Jefferson (No. St. Mary's Hospital St. Ward)

2. FULL NAME Mary I. Higgins

(a) Residence. No. St., Ward. Belle, Mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

MAY 25 1931

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 27-1894

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
36	6	20	

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) Osage Co.
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Louis Picker

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Franklin Co.
(STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Mary Williams

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

14. INFORMANT James Higgins
(Address) Belle, Mo.

15. FILED 6-1-1931 W. Bedford REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 17th. 1931

17. I HEREBY CERTIFY, That I attended deceased from May 3 1931, to May 17 1931, that I last saw him alive on May 17 1931, and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Idiopathic aplastic pernicious anaemia.

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Degeneration spinal cord.

(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? Clinical & laboratory

(Signed) Leon A. Taylor, M. D.

, 19 (Address) Jefferson City, 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
Belle, Mo.	5-19-1931
20. UNDERTAKER	**ADDRESS**
Chas. P. Heinrichs	J. C. Mo.