

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

Do not use this space.

21625

1. PLACE OF DEATH

County Jackson Registration District No. _____
 Township Raw Primary Registration District No. _____
 City Hannover City (No. 364) Wabash

File No. _____

Registered No. _____

St. 23rd Ward

2. FULL NAME

(a) Residence. No. 2017 Linwood Blvd 13 Ward. (If nonresident, give city or town and State)
 (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.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH Wednes

3. SEX Female 4. COLOR OR RACE w. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widow

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 24 1931

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dr. Marion Curtis Higgins

17. I HEREBY CERTIFY, That I attended deceased from May 6th, 1931, to June 24th, 1931, that I last saw h. alive on June 23, 1931, and that death occurred, on the date stated above, at 1:30 P. m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown 1864

THE CAUSE OF DEATH WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 67

Myocarditis Chronic
Mural Insufficiency
of Aorta & Valves
(duration) yrs. 1 mos. 19 ds.

8. OCCUPATION OF DECEASED

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

CONTRIBUTORY (SECONDARY) Myocarditis & Scurvy
 (duration) yrs. 1 mos. 9 ds.

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

18. WHERE WAS DISEASE CONTRACTED? IF NOT AT PLACE OF DEATH.

10. NAME OF FATHER Unknown

DID AN OPERATION PRECEDE DEATH? DATE OF _____

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

WAS THERE AN AUTOPSY? _____

12. MAIDEN NAME OF MOTHER Unknown

WHAT TEST CONFIRMED DIAGNOSIS

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

(Signed) D. A. Mahy, M. D.

14. INFORMANT G. O. Silver (Address) 2017 Linwood

*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.

15. FILED 6/25 1931 M. M. Crowe REGISTRAR asst

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Forest Hill DATE OF BURIAL 6-26 1931

20. UNDERTAKER Eyles Funeral Home ADDRESS 1800 Linwood

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.

