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

Do not use this space.

1252

File No. 290

Registered No. 290

1. PLACE OF DEATH

County Jackson — Registration District No.

Township Fort — Primary Registration District No.

City Kansas City (No. 7343 prospect St. Ward)

2. FULL NAME Franklin Rice Hilligoss

(a) Residence. No. 1022 N 10th Atchison, Kansas
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 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 (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Theresa Dosser Hilligoss

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug 22 1865

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ... min.
66	5	2	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Painter 69

(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): Huntington Co. Indiana

PARENTS

10. NAME OF FATHER: Alfred Hilligoss

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

12. MAIDEN NAME OF MOTHER: Eliza McClain

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

14. INFORMANT: Mrs. F. R. Hilligoss
(Address) 1022 N 10th Atchison Kan

15. FILED Jan 24, 1932 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan 24 1932

17. I HEREBY CERTIFY, That I attended deceased from Dec. 1st, 1931, to Jan 24, 1932, that I last saw him alive on Jan 23, 1932, and that death occurred, on the date stated above, at 1:35 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Arterio-Sclerosis

82 A

77 (duration) ✓ yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Cerebral Hemorrhage

(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?

1/24 (Signed) Geo H. Jones, M. D

1/24, 1931 (Address) 80th & Paseo.

*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: Mt. Calvary Cemetery Atchison, Kans

DATE OF BURIAL: 1-26 1932

20. UNDERTAKER: Wm. Stanton

ADDRESS: Atchison

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.