

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.

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

Do not use this space.

17322

1. PLACE OF DEATH
 96 County St. Louis Registration District No. 789
 Township Central Primary Registration District No. 641 33 B
 City Midland (No. Midland Hospital) St. _____ Ward _____

2. FULL NAME Nellie Higgins
 (a) Residence, No. 6302 Wellstar Av. 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Patrick Higgins</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Unknown About 53</u>		
7. AGE	YEARS	MONTHS
<u>About 53</u>		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housework.</u>		11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>at home. 235</u>		
10. Date deceased last worked at this occupation (month and year)		

12. BIRTHPLACE (CITY OR TOWN) Warren
 (STATE OR COUNTRY) Ohio

FATHER 13. NAME Unknown

FATHER 14. BIRTHPLACE (CITY OR TOWN) Unknown
 (STATE OR COUNTRY) 31

MOTHER 15. MAIDEN NAME Unknown

MOTHER 16. BIRTHPLACE (CITY OR TOWN) Unknown
 (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Jessie Higgins
2336 So Broadway

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Cemetery DATE 5/9 1932

19. UNDERTAKER (ADDRESS) Walker Hebble
2336 So Broadway

20. FILED 5-6- 19 32 Green Bray M.D.
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 5th 1932

22. I HEREBY CERTIFY, That I attended deceased from April 24, 1932, to May 5, 1932.
 I last saw her alive on May 5, 1932. Death is said to have occurred on the date stated above, at 2 P. m.
 The principal cause of death and related causes of importance were as follows:
Myocarditis, Chronic Date of onset Unknown
930 930
97
 Other contributory causes of importance:
Arteriosclerosis Unknown

Name of operation _____ Date of _____
 What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) Chester A. Poe, M. D.
 (Address) 4123 Gaston Ave.

