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.

29232

1. PLACE OF DEATH
County JACKSON Registration District No. 399 File No.
Township KAW Primary Registration District No. 1002 Registered No. 3405
City KANSAS CITY (No. 3204 LOCKRIDGE St. Ward)

2. FULL NAME MRS. CARRIE JULIA HIGHBERGER
(a) Residence, No. 3204 LOCKRIDGE St., 11 Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE
4. COLOR OR RACE WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF JOHN H. HIGHBERGER

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAY-30-1865

7. AGE YEARS 65 MONTHS 3 DAYS 8 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. AT HOME
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) MUSCATINE 2
(STATE OR COUNTRY) IOWA

FATHER
13. NAME Unkown Henry Link
14. BIRTHPLACE (CITY OR TOWN) Germany 1.00
(STATE OR COUNTRY) Unkown

MOTHER
15. MAIDEN NAME Unkown Teresa Goebel
16. BIRTHPLACE (CITY OR TOWN) Unkown Germany
(STATE OR COUNTRY)

17. INFORMANT MR. JOHN C. HIGHBERGER
(ADDRESS) 3204 LOCKRIDGE AVE.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE Sept. 10 1932

19. UNDERTAKER D. W. NEWCOMER'S SONS
(ADDRESS) KANSAS CITY, MISSOURI

20. FILED 9/8 1932 M. M. Crowe asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) SEPTEMBER 8, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 15, 1932, to Sept 8, 1932
I last saw her alive on Sept 8, 1932. Death is said to have occurred on the date stated above, at 12:15 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
cerebral Hemorrhage	
82A	
85	
99	
82a	

Other contributory causes of importance:
Epilepsy — 15 yrs
arteriosclerosis — last few years
arterial Hypertension — last few years

Name of operation none Date of
What test confirmed diagnosis? 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) Harry E. Schorn MD
(Address) 243 Wirby Bldg. Kansas City Mo

243 Herby Bldg.
2:10- 2:40