

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

Do not use this space.

31299

1. PLACE OF DEATH

1 County Adair
2 Township Benton
7 City Wrensville (No. _____)

Registration District No. 4
Primary Registration District No. 3.001

File No. _____
Registered No. 164
St. _____ Ward _____

2. FULL NAME

Paul Dysart Higbee
(a) Residence, No. 701 East Normal St. 4th Ward. _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 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 Sileen Higbee

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 4 1888

7. AGE YEARS 44 MONTHS 4 DAYS 27 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Judge 206
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Circuit Court
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sandersville, Ga.

FATHER 13. NAME Edward Higbee

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER 15. MAIDEN NAME May Gabriel Birney

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) Dr. H. H. ... Sandersville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Highland Park DATE 10/14/32

19. UNDERTAKER (ADDRESS) Sumner & Son Wrensville Mo

20. FILED Oct 24 1932 Mrs C. H. Becker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/11/32, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 27, 1932, to Oct 1, 1932. I last saw him alive on Oct 1, 1932. Death is said to have occurred on the date stated above, at 11:30 p.m.

The principal cause of death and related causes of importance were as follows:

Myocardial failure
918
930
Other contributory causes of importance: Endocarditis
Date of onset Sept 27-32

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1932. 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? If so, specify _____ (Signed) E. H. H. ..., M. D. (Address) Wrensville, Mo.

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.

NOV 21 1932

